

NEW YORK CITY
REFUGEE MEDICAL SCREENING AND IMMUNIZATION PROGRAM

REQUEST FOR APPLICATIONS

2014

STATE OF NEW YORK
ANDREW M. CUOMO
GOVERNOR



NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

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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 Applications (RFA) for multi-year contract(s) beginning on or after April 1, 2015 through March 31, 2020 to provide initial medical screening and immunization services to newly arriving refugees and other eligible persons.

OTDA/BRIA anticipates distributing approximately \$1.1 million in Refugee Medical Assistance (RMA) Program funds under this procurement. All program funds are subject to continued availability and State appropriation thereof. All funds allocated for the administration of this program are received from the federal Office of Refugee Resettlement (ORR), an Office of the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (DHHS).

Eligible applicants must complete and submit all forms, narratives and relevant attachments required by this RFA (see “Application Submission Checklist” on page 64). Please pay particular attention to the Minority and Women-Owned Business Enterprise (M/WBE) participation requirements.

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

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

Prior to submitting an application in response to this RFA all not-for-profit applicants are required to register and prequalify with the New York State Grants Gateway at <http://www.grantsreform.ny.gov/Grantees>. All for-profit applicants need only be registered with the New York State Grants Gateway at this time.

PREQUALIFICATION REQUIREMENT

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

Applications received from not-for-profit applicants that have not registered and prequalified in the Grants Gateway on the date the application is received cannot be evaluated. Such applications will be disqualified from further consideration until registration and prequalification is substantiated. Applications received from for-profit applicants must be registered in the Grants Gateway on the date

the application is received. Such applicants that are not registered will be disqualified from further consideration until registration is substantiated.

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

1) Register for the Grants Gateway.

- On the Grants Reform Website, download a copy of the Registration Form for Administrator. A signed, notarized original form must be sent to the New York State Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway. If you have previously registered and do not know your Username please email grantsreform@budget.ny.gov. If you do not know your Password please click the Forgot Password link from the main log in page and follow the prompts.

2) Complete your Prequalification Application.

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

3) Submit Your Prequalification Application

- After completing your Prequalification Application, click the Submit Document Vault Link located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted, the status of the Document Vault will change to In Review.
- If your Prequalification Reviewer has questions or requests changes you will receive email notification from the Grants Gateway system.
- Once your Prequalification Application has been approved, you will receive a Grants Gateway notification that you are now prequalified to do business with New York State.

Due to the statutory changes that took effect on July 1, 2014 as a result of the **Not-For-Profit Revitalization Act**, State agencies will suspend the prequalification requirement for any not-for-profit responding to a RFP with a due-date from July 1, 2014 to September 30, 2014, inclusive. During that time, not-for-profits will have the ability to access their document vaults in order to update their files without losing the ability to apply for any grant offered by a State agency.

All not-for-profit organizations may apply for any State funding during this period regardless of their prequalification status. However, award of funds will be contingent on the ability of a not-for-profit to successfully complete the prequalification prior to the execution of the contract.

After September 30, 2014 prequalification will once again be required for not-for-profits applying for State funds.

NOT-FOR-PROFIT REVITALIZATION ACT SUMMARY OF CHANGES

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

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

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

II. PROCUREMENT SCHEDULE/SUBMISSION GUIDELINES

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

Release Date of the Request for Applications
Due Date for Application Submission

September 15, 2014
Open Application Period
Through March 31, 2019
April 1, 2015

Anticipated Earliest Contract Start Date

QUESTIONS AND ANSWERS REGARDING THIS RFA

Prospective applicants may submit questions via fax, email or written correspondence to:

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

OTDA/BRIA will respond in writing to questions within two weeks of receipt. Questions and answers also will be posted on the *Contracts and Grants* web page, located at <http://www.otda.ny.gov/contracts>. OTDA/BRIA reserves the right to respond to questions throughout the open application period.

APPLICATION 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. OTDA will not accept faxed applications, or applications 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 federal Office of Refugee Resettlement (ORR) within the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (DHHS) is authorized to grant funds to states that request to use Refugee Medical Assistance (RMA) funds to provide medical screening as part of its refugee medical assistance program pursuant to Title 45 of the Code of Federal Regulations, part 400.107(b) and under the authority of Section 412(b)(5) of the Immigration and Nationality Act (INA) (8 U.S.C. 1522(c) (1) (B)), as amended (Public Law 96-212) and further amended by the Refugee Assistance Amendments of 1982 (Public Law 97-363).

More information can be found at the following websites:

<http://www.acf.hhs.gov/programs/orr/programs/cma>

<http://www.gpo.gov/fdsys/pkg/CFR-2013-title45-vol2/pdf/CFR-2013-title45-vol2-sec400-107.pdf>

IV. PROGRAM DESCRIPTION

A. Purpose

OTDA/BRIA is proposing a multi-year program to provide initial medical screening and immunizations to newly arriving refugees and other eligible persons within 90 days of their date of arrival or date of immigration status granted. Priority should be given to individuals with medical conditions identified during the overseas medical exam. These individuals should be given a medical screening exam as soon as possible within 30 days of their date of arrival to the U.S.

NOTE: For the purpose of this RFA, 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 New York City Refugee Medical Screening and Immunization Program has the following key objectives:

- Ensure follow-up with medical issues identified in an overseas medical examination;
- Identify persons with communicable diseases of potential public health importance;
- Enable a refugee to successfully resettle by identifying personal health conditions that, if left unidentified, could adversely affect his/her ability to effectively resettle; and
- Refer refugees to primary care providers for ongoing health care.

B. Background

Under the authority of the Immigration and Nationality Act (INA) and the Public Health Service Act, the Secretary of the Department of Health and Human Services (DHHS) promulgates regulations outlining the requirements for the medical examination of aliens seeking admission into the United States. The Centers for Disease Control and Prevention’s (CDC), Division of Global Migration and Quarantine (DGMQ) provides the Department of State (DOS) and the U.S. Citizenship and Immigration Services (USCIS) within the Department of Homeland Security (DHS) with medical screening guidelines for all examining physicians, which outline in detail the scope of the overseas medical examination. The purpose of the medical examination is to identify, for the DOS and USCIS, applicants with inadmissible health-related conditions.

Additionally, a domestic medical examination is mandatory for all refugees coming to the U.S. and all applicants outside the U.S. applying for an immigrant visa. Aliens in the U.S. who apply for adjustment of their immigration status to that of permanent resident are also required to be medically examined.

In 1995, ORR issued State Letter #95-37, *Medical Screening Protocol for Newly Arriving Refugees*. Since then, the CDC issued a series of 12 subject-based guidelines to assist clinicians, health professionals and public health partners in conducting medical screenings. These guidelines are formally referred to as *Guidelines for the U.S. Domestic Medical Examination for Newly Arriving Refugees*, <http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html>. ORR endorsed the CDC guidelines and revised the 1995 *Medical Screening Protocol for Newly Arriving Refugees* accordingly by issuing State Letter #12-09, *Revised Medical Screening Guidelines for Newly Arriving Refugees*.

V. ELIGIBLE GRANT APPLICANTS

Eligible applicants include not-for-profit and for-profit public and private health care providers/agencies, clinics and hospitals; local health departments, or any subdivision thereof; and faith based-organizations. Not-for-profit corporations include charitable organizations incorporated, registered and in good standing with the Charities Bureau of the Attorney General in the State of New York. Eligible applicants are required to have a State of New York, Department of Health, Office of Health Systems Management operating certificate or proof of designation as a Federally Qualified Health Center (FQHC).

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 (OSC) Help Desk at 866-370-4672 or 518-408-4672 or by email at: ciohelpdesk@osc.state.ny.us.

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website www.osc.state.ny.us/vendrep or may contact the OSC'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

1. Program Intent

The intent of the program is to contract with qualified and licensed health care facilities for Voluntary Refugee Resettlement Agencies (Volags) to refer newly arriving refugees for the initial medical screening exam and necessary immunizations.

To accomplish this objective, the medical screening exam should ideally take place within 30 days of a refugee's arrival to coincide with Reception and Placement services and, at minimum, include two visits. However, the medical screening can be administered as late as 90 days from the date of arrival to the U.S. or date of status granted. Medical screening should be performed by a qualified and licensed health care professional and a medical interpreter should be used if the refugee does not speak English or is Limited English Proficient (LEP). Where medical screenings are performed outside of a primary care setting, refugees should be referred or linked to a primary health care facility or provider for on-going follow-up and treatment.

2. Required Refugee Medical Screening Exam Protocol

❖ Obtain Personal and Demographic Information (All Refugees)

- Name
- Alien Identification Number
- Referring Voluntary Resettlement Agency (Volag)
- Address
- Date of Arrival
- Country of Origin
- Primary Language
- Date of Birth
- Sex

❖ Review Overseas Medical Examination (All Refugees)

- Review "Medical Examination for Immigrant or Refugee Applicant" (Form DS-2053)
- Review "Chest X-Ray and Classification Worksheet" (Form DS-3024)
- Review "Vaccination Documentation Worksheet" (Form DS-3025)
- Review "Medical History and Physical Examination Worksheet" (Form DS-3026) and any other available medical records

❖ Interview for Personal and Family Medical (All Refugees)

- Personal and Family Medical History
- Current Symptoms (i.e., pain, fever, cough, weight loss, night sweats, hemoptysis, diarrhea, etc.)
- History of Drug Use, Including Alcohol and Tobacco
- Social History
- Cultural Health Practices

❖ **Laboratory Screening**

- CBC with Differential (All Refugees) – Including elevated eosinophil count and any anemia with description in findings
- Pregnancy Test – Adult women and girls (with consent of guardian) of child-bearing age, using opt-out approach
- Serum Chemistries (All Refugees)
- Cholesterol – In accordance with the US Preventive Services Task Force Guidelines
- Urinalysis (All Refugees) – If able to provide a clean catch specimen
- Newborn Screening – Within the first year of life
- Population Specific Testing – As determined by examining clinician

❖ **Physical Examination (All Refugees, unless otherwise indicated below. Note any abnormal findings. If not done, please specify reason.)**

- Nutritional Status – Including Height/Length, Weight, Head Circumference (< 3 years old), and Body Mass Index (> 2 years old)
- Vital Signs – Including Blood Pressure (\geq 5 years old), Heart Rate, and Respiratory Rate
- Gross Evaluation of Vision and Hearing.
- Careful Oral Examination
- Review of Body Systems (Skin, Heart, Lungs, Lymph Nodes, Abdomen, Genital)
- General Assessment of Mental Status/Developmental Level
- Indicate Physical or Mental Health Conditions Likely to Limit Employability or School Attendance
- Administer Multivitamins – All children ages 6-59 months and all children > 5 years old and adults with poor nutritional status

❖ **Disease Specific Screening (All Refugees, unless otherwise indicated below. If a required screening test is not done, please specify reason.)**

Tuberculosis:

- Review of Overseas Records
- Evaluate for Signs or Symptoms of Disease, History of Contacts and Physical Examination
- Conduct a Tuberculin Skin Test or IGRA. Use of IGRA is Not Recommended in Children < 5 years old
- Upon Positive Results, Perform Chest X-Ray and Sputum Testing with Results

Hepatitis:

- All refugee adults \geq 18 years old who were born or lived in countries where the rate of chronic Hepatitis B virus infection is \geq 2% should be tested for:
 - Hepatitis B surface antigen (HBsAg) regardless of vaccination history;
 - Hepatitis B core antigen (anti-HBc); and
 - Hepatitis B surface antibody (anti HBs)

- All refugee adults ≥ 18 years old who were born or lived in countries where the rate of chronic Hepatitis B virus infection is $< 2\%$ should be tested as above only if they belong to a high risk group, including:
 - Men who have sex with men
 - Persons with a history of injection drug use
 - HIV-infected persons
 - Household contacts of persons with chronic HBV infection
 - Persons from low-prevalence countries who are part of subpopulations that have known prevalence rates of 2% or greater (i.e., indigenous populations)
 - Persons on hemodialysis therapy
 - Persons who have previously received whole blood or blood product transfusions
 - Persons with elevated ALT/AST of unknown etiology
 - Persons with medical conditions that require immunosuppressive therapy
 - Pregnant women
- All refugee children < 18 years old who were born in countries where the rate of chronic HBV infection is $\geq 2\%$ (intermediate or high-endemicity countries) should be tested for HBsAg, regardless of vaccination history
- Conduct Hepatitis C Screening (High Risk Individuals, i.e. persons with body art, received blood transfusions, children of Hepatitis C positive mothers)

Intestinal and Tissue Invasive Parasites:

- **For Refugees Who Did Not Receive Pre-Departure Presumptive Treatment**
 - For all refugees, conduct stool ova and parasites screening (2 or more stool samples) or provide presumptive treatment; and
 - For all refugees, conduct diagnostics for Strongyloides (serology, 2 or more stool samples, and/or Strongyloides agar method culture) or provide presumptive treatment; and
 - For all Sub-Saharan African (SSA) refugees, conduct serology for Schistosomiasis or provide presumptive treatment.

(**Note:** Persistently elevated absolute eosinophil count conducted as part of hematology testing indicates need for further investigation.)
- **For Refugees Who Received Incomplete Pre-Departure Presumptive Treatment**
 - For all refugees, conduct diagnostics for Strongyloides, (serology, 2 or more stool samples and/or Strongyloides aga method culture) or provide presumptive treatment; and
 - For all SSA refugees who did not receive Praziquantel, conduct serology for Schistosomiasis or provide presumptive treatment.

(**Note:** Persistently elevated absolute eosinophil count conducted as part of hematology testing indicates need for further investigation.)

Sexually Transmitted Infections (STI):

- Obtain History for Signs and Symptoms of STIs and Conduct Physical Examination
 - **Syphilis** – Conduct Venereal Disease Research Laboratory (VDRL) or Rapid Plasma Reagin (RPR) tests for all refugees:
 - ≥ 15 years old
 - < 15 years old if sexually active
 - history of sexual abuse
 - mother who tests positive
 - or exposure in a country endemic for other treponemal subspecies (e.g., yaws, bejal, pinta). Conduct confirmation testing for positive treponemal tests.
 - **Chlamydia** – Conduct urine nucleic amplification test for women:
 - < 25 years old who are sexually active
 - > 25 years old with risk factors
 - Leucoesterase (LE) positive on urine sample
 - history of sexual assault
 - as indicated by symptoms
 - **HIV** – Conduct screening for all refugees using opt-out approach:
 - Children ≤ 12 years old should be screened unless the mother’s HIV status is confirmed negative and the child is otherwise thought to be low risk.
 - Refugees should be clearly informed orally in writing when/if they will be tested for HIV.
 - Provide culturally competent counseling for HIV+ refugees in their primary language.
 - Refer refugees confirmed HIV+ for care, treatment and preventive services.

(**Note:** For future referral, screening test should be repeated 3-6 months following resettlement for refugees who were recently exposed or are at high risk.)

Blood Lead Level (BLL):

- BLL test for all refugee children 6 months through 16 years old

(**Note:** For future referral, all refugee children from 6 months through 6 years old should receive repeat BLL test within 3-6 months after placed in a permanent residence and older children, if warranted, regardless of initial test results.)

Malaria:

- Refugees who require post-arrival testing or presumptive treatment include SSA refugees who did not receive presumptive treatment prior to departure, such as pregnant or lactating women or children weighing less than 5 kg. at time of departure. All other SSA refugees are assumed to be presumptively treated prior to departure with Artesunate-Combination Therapy (ACT). Polymerase Chain Reaction (PCR) is the most sensitive test for persons with sub-clinical malaria.
- The CDC does not recommend testing or treatment for refugees from malaria-endemic countries outside of SSA, unless there are signs or symptoms of infection.

❖ Immunizations

- Review vaccination records, record dates of previous vaccines on Refugee Medical Screening Form.
- Indicate lab evidence of immunity (conducted at the discretion of the clinician).
- Indicate history of disease.
- Provide initial doses of all missing or undocumented age-appropriate vaccines per Advisory Committee Immunization Practices (ACIP) guidelines. Record dates of vaccines administered on Refugee Medical Screening Form.

❖ Medical Screening Exam Dates

- Provide dates of first and second visits on Refugee Medical Screening Form.

❖ Referrals

- Indicate referrals made for conditions identified during the medical screening exam, including referrals for routine primary care within the same facility providing the medical screening exam.

❖ Additional Information

- There may be exceptions to the screening protocol based on country of origin, culture and family/social medical history.
- Age-specific recommendations may need to be adjusted based on history, lab results, cultural knowledge and professional judgment.
- Reasons for not conducting screening procedures as indicated must be documented on the Refugee Medical Screening Form.
- Screening test results must be discussed at a second office visit with appropriate referral made as indicated.
- "Referral" means setting up a specified appointment with a designated provider.
- Immunizations must be administered if any are indicated at the time of exam. OTDA/BRIA will provide reimbursement for approved initial vaccines administered to adults, age 19 and older. Medical screening providers are encouraged to use the New York City Department of Health and Mental Hygiene (NYCDOHMH), Vaccines for Children Program, <http://www.nyc.gov/html/doh/html/living/vfc-providers.shtml#2>, to offset the cost of immunizations administered to children.
- Medical screening providers must also refer refugees for completion of the series of immunizations required for them to adjust status to become permanent residents,

and eventually U.S. citizens. A USCIS designated civil surgeon must certify the record of immunizations. USCIS has authorized local health departments to act as civil surgeons for the limited purpose of certifying immunizations to refugees for adjustment of status.

3. Reporting & Data Collection (See Attachment A: NYC Refugee Medical Screening Form and Attachment B: NYC Refugee Medical Screening Program Client Roster)

VII. ELIGIBLE REFUGEES

RMA funds must be used for services for persons who are eligible based on their immigration status, age and their length of stay in the United States or length of time in status, as follows:

ELIGIBLE IMMIGRATION STATUSES

- A *refugee*, admitted under Section 207 of Immigration Naturalization Act (INA);
- An *asylee*, granted asylum status under Section 208 of the 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));
- 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 certified trafficking victim* as described in Section 101 (A) (15) (T) (ii) of the INA;
- *Iraqis and Afghans Granted Special Immigration Status* as described in Section 101 (a) (27) of the Immigration and Nationality Act (INA); and

LENGTH OF TIME IN THE UNITED STATES

Services may be provided to refugees who have been in the country up to 90 days from the date of arrival or from the date the eligible immigration status is granted. Eligibility for services will expire on the 91st day following the refugee's date of arrival into the United States or date the eligible immigration status was granted.

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 designated Refugee Medical Assistance (RMA) funds for the Refugee Medical Screening and Immunization Program are available through this RFA. It is estimated that approximately \$1.1 million in Refugee Medical Assistance funding will be available for the multi-year program period beginning April 1, 2015 and ending March 31, 2020.

DISTRIBUTION OF FUNDS

Through this open period, non-competitive procurement, BRIA intends to fund qualified, licensed health care facilities to provide services in New York City including all NYC Counties:

Bronx, Kings, Queens, New York and Richmond

The federal allocation to the State is provided annually based on submission of New York State's Cash and Medical Administration (CMA) Budget request.

The allocation for each grant award is based on the number of refugees each applicant will potentially serve. OTDA/BRIA reserves the right to establish the award amount based on historical demographic data. OTDA/BRIA reserves the right to award funds based on emergent need, as well as on demographic data. These decisions will be made in order to serve the greatest number of refugees in a given area.

OTDA/BRIA intends to award funds based on viable applications with demonstrated work plans from qualified and licensed health care facilities. Continuous awards to new applicants will be made throughout the multi-year program period through March 31, 2019 and subject to continued availability of federal funds and State appropriation of the funds thereof.

Should an awarded applicant exceed the initial award amount at any point during the contract term, a supplemental award to continue operations will be based on available funding, continuing need, satisfactory contractor performance, history of expenditures as evidenced by claims for payment and program monitoring, and subject to OSC and State Office of the Attorney General (AG) approval.

When making supplemental awards, OTDA reserves the right to do any of the following:

- Reallocate funding from contractor to contractor;
- Suspend a contract award to an underperforming contractor;
- Amend an award to an underperforming contractor; or
- Amend an award to an over-performing contractor, due to an increased need for services.

CONTRACT TERM

This RFA governs the provision of funds for up to a 60-month contract term starting on or after April 1, 2015 and ending on March 31, 2020. A Work Plan will be required at the time of application.

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 Refugee Medical Screening and Immunization program contracts are performance-based, per capita reimbursement at established rates. Compensation is directly tied to the completion of medical screening components. Documentation of the completion of one visit or two visits and immunizations administered allows a contractor to claim the respective rates. The contractor is paid at the established rate, as defined in the contract.

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.

REIMBURSEMENT RATES

The following chart provides information regarding the reimbursement rates for the specific medical screening components. The rates have been established using the NYS Medicare Fee Schedule for the corresponding activities as indicated in the Current Procedural Terminology (CPT) codes:

Medical Screening Component	Rates
First Visit Only	\$417.09
Completed Medical Screening (2 Visits)	\$512.63
Immunizations:	Up to \$463.14 per capita
Rotovirus (RV)	\$106.57
Diphtheria, tetanus, pertussis (DTaP)	\$39.93
Haemophilus influenza type b4 (Hib)	\$25.47
Pneumococcal (PCV)	\$61.94
Inactivated poliovirus (IPV)	\$26.66
Influenza rate from 10/2009 MA update	\$13.23
Measles, mumps, rubella (MMR)	\$52.07
Varicella	\$87.10
Hepatitis A Adult dosage	\$63.72
Hepatitis B	\$52.50
Human Papillomavirus (HPV)	\$130.27
Meningococcal	\$110.72
Zoster	\$167.15

Rates will only change with authorized revisions to the Refugee Medical Screening Protocol and authorization from the federal Office of refugee resettlement (ORR).

Additional Rate Information:

- ✓ First visit includes as many Disease Specific Screening and General Laboratory Screening tests as indicated with the individual's consent and cooperation.
- ✓ Interpreter costs are included in the exam reimbursement rates.
- ✓ Immunizations are reimbursed for adult refugees only at established rates with documentation of expenditures for a maximum reimbursement of \$463.14 per adult refugee.
- ✓ Contractors are encouraged to seek reimbursement for immunizations administered to refugee children through the Vaccines for Children (VFC) Program administered by the New York City Department of Health and Mental Hygiene (NYCDOHMH), <http://www.nyc.gov/html/doh/html/living/vfc-providers.shtml#2>

X. SELECTION PROCESS

Applications should contain **all** items as listed on the Application Submission Checklist, located in the Application Package (see page 64). Pay particular attention to the Minority and Woman-Owned Business Enterprise (M/WBE) requirements. Failure to provide any items will result in delays or inability to approve an award. Factors considered towards an award recommendation to the applicant are as follows:

- The content of the applicant's work plan that demonstrates the applicant's ability to perform medical screenings and immunizations under a contract;
- The applicant's established relationships with other local agencies in relation to medical services that are provided to refugees;
- The applicant's experience with, and knowledge of, specific cultural and linguistic needs of the eligible service population and the quality of the work plan in addressing those needs;
- Sufficient project staff, in numbers and qualifications;
- The availability and frequency in which medical screening and immunization services can be provided;
- The accessibility of the applicant's location for services;
- The applicants qualifications as a licensed health care facility and/or Federally Qualified Health Center (FQHC); and

Each application will be reviewed independently from other applications.

OTDA/BRIA reserves the right to award contract(s) to as many or as few applicants as it may select, to accept or reject any or all proposals, and to cancel, in part or in whole, this RFA, if OTDA/BRIA deems it to be in its best interest to do so.

OTDA/BRIA will select an array of applications that best establishes comprehensive medical screening and immunization services for eligible refugees within New York City. OTDA/BRIA has not pre-determined the number of contracts to be awarded.

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 application will be recommended for an award based on the submission of required documents, and work plan that meets the program intent while offering the required medical screening exam elements, preventive health interventions, and other screening activities

Note: Updated information may be requested as deemed necessary by OTDA/BRIA. OTDA/BRIA also reserves the right to issue a new RFA at any time during the contract term to solicit new applications.

XI. AWARD PROCEDURES

CONTRACT DEVELOPMENT PROCESS

OTDA/BRIA will begin the contract development process with successful applicants when the award is announced. The successful applicants may be asked to provide updated work plans and performance based budgets that specify the services to be delivered, project goals, reimbursement rates, 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 up to 60 months if awarded and fully executed by April 1, 2015. Contracts awarded thereafter will be for the duration from contract execution date through the end of the contract term, March 31, 2020. Contracts will contain work plans reflecting planned goals for the applicable contract term.

PAYMENT

The contractor will not be reimbursed for line item expenses. Under this performance-based contract, the contractor will be reimbursed per capita at established rates for screening components. Payment will be made only for services that 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. 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

Unless otherwise specified, requests for reimbursement must be submitted to the New York State Grants Gateway, https://www.grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.asp, 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 services for which reimbursement is requested. Additional reporting, as may be determined by OTDA/BRIA, may also be required.

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

Contractor must submit the NYS Claim for Payment, NYC Refugee Medical Screening Form (see Attachment A), and NYC Refugee Medical Screening Program Client Roster (See Attachment B), 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.

MONITORING

OTDA/BRIA will monitor contractors on a regular basis throughout the life of the contract. Monitoring may include site visits, regular telephone contact and/or discussions of performance and progress. 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 with subcontractors as a means of monitoring the prime contractor’s performance.

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 will only change with authorized revisions to the Refugee Medical Screening Protocol and authorization from the federal Office of refugee resettlement (ORR).

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.

A contract award will be made to applicant(s) whose applications are determined to best meet the criteria for evaluation and selection set forth in this RFA.

Any contract awarded pursuant to this RFA will be subject to the OTDA/BRIA'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 RFA does not commit OTDA/BRIA to award any contracts to pay the costs incurred in the preparation of a response to this RFA, or to procure or contract for services.

OTDA/BRIA reserves the right to amend, modify or withdraw this RFA and to reject any applications 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 RFA and any contract resulting from this RFA 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 applications which do not conform to the instructions given in the RFA.

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 RFA.

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 an application 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 application. 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 application shall be signed by an official authorized to bind the applicant and shall contain a statement to the effect that the application is a firm offer for a 180-day period. The application 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 application 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.

PART B APPLICATION PACKET

Please read Pages 1-21 of the Request for Applications carefully before completing this Application Packet

Completing the Application

Section A - APPLICANT DOCUMENTATION

Executive Summary

Provide a one-paragraph summary of your organization's proposed New York City Refugee Medical Screening and Immunization Program. Include the following information:

- The communities/counties to be served;
- Estimated number of refugees and others in eligible immigration statuses to be served;
- Timeframe for implementation of the proposed project; and

Suggested format:

ABC, Inc. is requesting to serve **area(s) that will benefit from proposed project – counties, municipalities, etc.** ABC, Inc. estimates that **(X) number** refugees and others in eligible immigration statuses will be served. Awarded funds will assist with medical screening and immunization services. ABC, Inc. can **immediately** commence the project upon notification of award. An anticipated benefit of this Refugee Medical Screening and Immunization project is to assist **as many refugees and/or other eligible people to access health care in a culturally and linguistically appropriate manner.**

GENERAL INFORMATION

NYC REFUGEE MEDICAL SCREENING AND IMMUNIZATION PROGRAM APPLICANT PROJECT INFORMATION

INDICATE TYPE OF ORGANIZATION CARRYING OUT THE ACTIVITY:

PUBLIC AGENCY FAITH BASED NON-PROFIT OTHER NON-PROFIT FOR PROFIT

APPLICANT NAME: _____

EXECUTIVE DIRECTOR: _____

BUSINESS ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

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

Email Address: _____

PROJECT ADDRESS (if other than business address):

PROGRAM CONTACT: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

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

Email Address: _____

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

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

Please provide the following identifying information regarding the project:

Community District(s) *NYC only*: _____

Federal Congressional District(s): _____

State Assembly District(s): _____

State Senate District(s): _____

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

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

If not, why? _____

COUNTY/ COUNTIES WHERE SERVICES ARE TO BE PROVIDED _____

ACCESSIBILITY DETERMINATION

Is project site: wheelchair accessible? Yes No

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

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

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

No further entries on this page.

Section B – PROGRAM NARRATIVE (NO PAGE LIMIT)

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 organization, how the proposed program will be operated within your organization, and what your organization 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:

- Describe your organization's experience in providing medical services to refugee and/or other eligible populations.
- Describe how your organization will utilize your current expertise and capacity to implement services under this program. What types of medical specialists will be available to administer the initial health screening?
- Describe other programs or services that your organization operates and how they will be used to enhance the effectiveness of your proposed program.
- Describe your organization's established relationships with other community service providers. What specific resources will refugees gain through these relationships?
- Please attach a detailed organizational chart that reflects where your proposed program will be housed within your organization.
- Describe the role of your organization's Board of Directors in the operation of this program.
- Please provide copies of your organization's New York State Health Department, Office of Health Systems Management operating certificate and/or designation as a Federally Qualified Health Center (FQHC)
- Describe the operation and management of the project. 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;
 - ✓ Supervise cash flow;
 - ✓ Assure timely submission of reports and vouchers; and
 - ✓ Maintain appropriate case records for each individual served; indicating how the required documentation will be obtained and maintained, and how case records will be secured.
- Key Personnel Profile:
 - ✓ 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 the 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

PROGRAM DESCRIPTION & IMPLEMENTATION

- Describe the physical location(s) of the project and the hours and days of operation.
- Describe any specific methods of outreach and recruitment to prospective eligible persons of the program.
- Describe your organization’s language access procedures for Non-English speaking or Limited English Proficient (LEP) clients. Specifically, for which languages can your organization provide interpretation services?
- Identify and describe any potential barriers that may affect service delivery and how they will be addressed.
- You may require a start-up period to hire personnel, outreach and recruit clients, obtain bids for equipment, purchase equipment and/or 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.
- Describe how your organization’s staff will stay up to date on the latest health care issues affecting refugees and screening recommendations for refugees.

SECTION C – ORGANIZATION INFORMATION

The following documents contained within pages 28 - 35 are required to be submitted by other than Not-for-Profit applicants.

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 organization's Board of Directors. Also indicate if any Board of Directors member is on your organization's payroll. It is the contractor's responsibility to ensure there are no conflicts of interest.

NON-COLLUSIVE BIDDING

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

SECTION 139-D. STATEMENT OF NON-COLLUSION IN BIDS TO THE STATE:

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

[1] THE PRICES OF THIS BID HAVE BEEN ARRIVED AT INDEPENDENTLY, WITHOUT COLLUSION, CONSULTATION, COMMUNICATION, OR AGREEMENT, FOR THE PURPOSES OF RESTRICTING COMPETITION, AS TO ANY MATTER RELATING TO SUCH PRICES WITH ANY OTHER BIDDER OR WITH ANY COMPETITOR,

[2] UNLESS OTHERWISE REQUIRED BY LAW, THE PRICES WHICH HAVE BEEN QUOTED IN THIS BID HAVE NOT BEEN KNOWINGLY DISCLOSED BY THE BIDDER AND WILL NOT KNOWINGLY BE DISCLOSED BY THE BIDDER PRIOR TO OPENING, DIRECTLY OR INDIRECTLY, TO ANY OTHER BIDDER OR TO ANY COMPETITOR, AND

[3] NO ATTEMPT HAS BEEN MADE OR WILL BE MADE BY THE BIDDER TO INDUCE ANY OTHER PERSON, PARTNERSHIP OR CORPORATION TO SUBMIT OR NOT TO SUBMIT A BID FOR THE PURPOSE OF RESTRICTING COMPETITION.

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

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

SUBSCRIBED TO UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF NEW YORK, THIS ____ DAY OF _____, L99__ AS THE ACT AND DEED OF SAID CORPORATION OR PARTNERSHIP.

EXHIBIT 1: NON-COLLUSIVE BIDDING CERTIFICATION-3

IDENTIFYING DATA

POTENTIAL CONTRACTOR: _____

ADDRESS: _____

STREET

CITY, TOWN, ETC.

TELEPHONE: _____ TITLE: _____

IF APPLICABLE, RESPONSIBLE CORPORATE OFFICER

NAME: _____ TITLE: _____

SIGNATURE: _____

JOINT OR COMBINED BIDS BY COMPANIES OR FIRMS MUST BE CERTIFIED ON BEHALF OF EACH PARTICIPANT.

LEGAL NAME OF PERSON, FIRM OR CORPORATION

LEGAL NAME OF PERSON, FIRM OR CORPORATION

BY _____
NAME

NAME

TITLE

TITLE

ADDRESS _____
STREET

STREET

CITY STATE

CITY STATE

**"NONDISCRIMINATION IN EMPLOYMENT IN NORTHERN IRELAND MACBRIDE FAIR
EMPLOYMENT PRINCIPLES"**

IN ACCORDANCE WITH CHAPTER 807 OF THE LAWS OF 1992 THE OFFEROR, BY SUBMISSION OF THIS OFFER, CERTIFIES THAT IT OR ANY INDIVIDUAL OR LEGAL ENTITY IN WHICH THE OFFEROR HOLDS A 10% OR GREATER OWNERSHIP INTEREST, OR ANY INDIVIDUAL OR LEGAL ENTITY THAT HOLDS A 10% OR GREATER OWNERSHIP INTEREST IN THE OFFEROR, EITHER:

(ANSWER YES OR NO TO ONE OR BOTH OF THE FOLLOWING, AS APPLICABLE),

1. HAS BUSINESS OPERATIONS IN NORTHERN IRELAND: ____YES ____NO

IF YES:

2. SHALL TAKE LAWFUL STEPS IN GOOD FAITH TO CONDUCT ANY BUSINESS OPERATIONS THEY HAVE IN NORTHERN IRELAND IN ACCORDANCE WITH THE MACBRIDE FAIR EMPLOYMENT PRINCIPLES RELATING TO NONDISCRIMINATION IN EMPLOYMENT AND FREEDOM OF WORKPLACE OPPORTUNITY REGARDING SUCH OPERATIONS IN NORTHERN IRELAND, AND SHALL PERMIT INDEPENDENT MONITORING OF THEIR COMPLIANCE WITH SUCH PRINCIPLES. ____YES ____NO

IN THE EVENT THE LOWEST RESPONSIBLE OFFEROR HAS NOT AGREED TO STIPULATE TO THE CONDITIONS SET FORTH ABOVE AND ANOTHER OFFEROR WHO HAS AGREED TO STIPULATE TO SUCH CONDITIONS HAS SUBMITTED A COST PROPOSAL WHICH IS WITHIN FIVE PERCENT OF THE LOWEST RESPONSIBLE OFFEROR, THE OFFICE SHALL REFER SUCH OFFERS TO THE COMMISSIONER OF GENERAL SERVICES, WHO MAY DETERMINE, IN ACCORDANCE WITH APPLICABLE LAW AND RULES, THAT IT IS IN THE BEST INTEREST OF THE STATE THAT THIS CONTRACT BE AWARDED TO OTHER THAN THE LOWEST RESPONSIBLE OFFEROR.

NAME: _____
SIGNATURE DATE

COMPANY: _____

PROCUREMENT LOBBYING ACT

**OFFERER'S CERTIFICATION AND AFFIRMATION OF UNDERSTANDING OF AND AGREEMENT
PURSUANT TO STATE FINANCE LAW §139-J AND K**

OFFERER AFFIRMS THAT IT UNDERSTANDS AND AGREES TO COMPLY WITH THE NEW YORK STATE PROCEDURES RELATIVE TO PERMISSIBLE CONTACTS AS REQUIRED BY STATE FINANCE LAW §139-J.

BY: DATE:

NAME:

TITLE:

CONTRACTOR NAME:

CONTRACTOR ADDRESS:

OFFERER CERTIFICATION:

I CERTIFY THAT ALL INFORMATION PROVIDED TO THE GOVERNMENTAL ENTITY WITH RESPECT TO STATE FINANCE LAW §139-K IS COMPLETE, TRUE AND ACCURATE.

AUTHORIZED SIGNATURE

DISCLOSURE OF PRIOR NON-RESPONSIBILITY DETERMINATIONS

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

Address: _____

Name and Title of Person Submitting this Form: _____

Contract Procurement Number: _____

Date: _____

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

No Yes

If yes, please answer the next questions:

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

No Yes

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

No Yes

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

Governmental Entity: _____

Date of Finding of Non-responsibility: _____

Basis of Finding of Non-Responsibility:

(Add additional pages as necessary)

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

No Yes

6. If yes, please provide details below.

Governmental Entity: _____

Date of Termination or Withholding of Contract: _____

Basis of Termination or Withholding:

(Add additional pages as necessary)

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

By: _____ Date: _____
Signature

Name: _____

Title: _____

ADDITIONALLY, OTHER THAN NOT-FOR-PROFIT ENTITIES MUST SUBMIT THE FOLLOWING:

- **FORM ST-220-TD: CONTRACTOR CERTIFICATION**

http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf

FORM ST-220-TD MUST BE SENT TO THE NYS DEPARTMENT OF TAXATION AND FINANCE AS INSTRUCTED.

- **FORM ST-220-CA: CONTRACTOR CERTIFICATION TO COVERED AGENCY**

http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf

FORM ST-220-CA MUST BE INCLUDED WITH THIS APPLICATION.

AGENCY AGREEMENT

It is understood and agreed to by the applicant that (1) This RFA 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 RFA, or to procure or contract services. (2) OTDA reserves the right to amend, modify or withdraw this RFA and to reject any applications submitted, and may exercise such right at any time and without notice and without liability to any Applicant or other parties for their expenses incurred in the preparation of an application or otherwise. Applications will be prepared at the sole cost and expense of the Offeror. (3) OTDA reserves the right to accept or reject any or all applications that do not completely conform to the instructions given in the RFA, including time frames for submission thereof. (4) Submission of an application 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 application. (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 application 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 application 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 RFA's Section XIV. Minority/Women-Owned Business Enterprises/Equal Employment Opportunity Participation.

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

OTDA anticipates making an award to administer projects for sixty (60) months or less. 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 Applications (RFA), subsequent 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 <i>(Enter 9 digits, without hyphen)</i>		
Address of the Principal Place of Business/Executive Office			<u>New York State Vendor Identification Number</u>		
			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

**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: _____

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			

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

DATE: _____

TELEPHONE NO: _____

EMAIL ADDRESS: _____

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

ETHNICITY MINORITY GROUP DEFINITION

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

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

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

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

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

FOR AGENCY USE ONLY
 REVIEWED BY: _____ DATE: _____

UTILIZATION PLAN APPROVED: YES NO Date: _____

Contract No: _____

Contract Award Date: _____

Estimated Date of Completion: _____

Amount Obligated Under the Contract: _____

NOTICE OF DEFICIENCY ISSUED: YES NO
 Date: _____

NOTICE OF ACCEPTANCE ISSUED: YES NO
 Date: _____

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

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

Proposal / Contract number: _____

Contract Scope of Work: _____

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

At the following price: \$ _____

Name of MWBE: _____

Address: _____ Federal ID Number: _____

Telephone Number: _____

Ethnicity (see page 2 for definition) _____

Gender (Male or Female): _____

Designation:

- MBE - Subcontractor
- WBE – Subcontractor
- MBE – Supplier
- WBE - Supplier

Joint venture with:

Name:

Address

Fed ID Number: _____

MBE

WBE

Are you a New York State Certified M/WBE?

Yes

No

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

Date Proposal/ Contract to be started: _____

Date Proposal/ Contract to be completed: _____

Date Supplies ordered: _____

Delivery date: _____

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

Date: _____

Signature of M/WBE Contractor: _____

Printed/Typed Name of M/WBE Contractor: _____

INSTRUCTIONS FOR M/WBE SUBCONTRACTORS AND SUPPLIERS’ LETTER

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

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

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**

INSTRUCTIONS FOR M/WBE SUBCONTRACTORS AND SUPPLIERS' LETTER

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

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
Offeror's Address:	Subcontractor's name _____

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

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

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

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

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

EEO-Job Category	Work force by										Disabled (M) (F)	Veteran (M) (F)	
	Gender		Race/Ethnic Identification						Native American (M) (F)				
	Male (M)	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.:
	EMAIL ADDRESS:
Submit completed form to MWBE Program Unit: NYS OTDA ATTN: Ms. Wilma BrownPhillips, M/WBE Director MWBE Program Management Unit Harlem Center 317 Lenox Avenue New York, NY 10027	
DATE:	

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:

1. Enter the number of the contract that this report applies to along with the name and address of the Contractor preparing the report.
2. Check off the appropriate box to indicate if the entity completing the report is the contractor or a subcontractor.
3. Check off the box that corresponds to the reporting period for this report.
4. 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.
5. Enter the total work force by EEO job category.
6. Break down the total work force by gender and enter under the heading 'Work force by Gender'
7. Break down the total work force by race/ethnic background and enter under the heading 'Work force by Race/Ethnic Identification'.
8. Enter information on any disabled or veteran employees included in the work force under the appropriate heading.
9. 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:

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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**

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

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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.

M/WBE GOAL REQUIREMENTS CERTIFICATION OF GOOD FAITH EFFORTS

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

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

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

- (j) The Contractor used the services of community organizations, contractor groups, state and federal business assistance offices and other organizations identified by the NYS Department of Economic Development or its designee that provide assistance in the recruitment and placement of minority and women business enterprises;
- (k) The Contractor negotiated in good faith with certified minority- and women-owned business enterprises submitting bids, proposals, or quotations and did not, without justifiable reason, reject as unsatisfactory any bids, proposals or quotations prepared by any certified minority- or women-owned business enterprise. "Good faith" negotiating means engaging in good faith discussions with certified minority- or women-owned business enterprises about the nature of the work, scheduling, requirements for special equipment, opportunities for dividing of work among the bidders, proposers, and various subcontractors and the bids of the minority or women businesses, including sharing with them any cost estimates from the request for proposal or invitation to bid documents, if available; and,
- (l) The Contractor undertook efforts to make payments for any work performed by certified minority- and women-owned business enterprises in a timely fashion so as to facilitate continued performance by certified minority- and women-owned business enterprises.

Signature Date

Print Name

Title

Company

Contract Number

CERTIFICATE OF INCORPORATION

- Please submit a copy of your agency's most recent Certification of Incorporation and any amendments.

Applicant: _____

APPLICATION CHECKLIST of Required Documentation	INCLUDED?
Executive Proposal Narrative	
General Information	
Accessibility Determination Form	
For Other Than Not-For-Profit Entities:	
Board of Directors Profile	
Non-Collusive Bidding Certification	
MacBride Fair Employment Principles	
Procurement Lobbying Act Offerer's Certification	
Disclosure of Prior Non-Responsibility Determinations	
Form ST-220-CA	
Agency Agreement	
Vendor Responsibility Questionnaire (Please complete the form at: http://www.osc.state.ny.us/vendrep/forms_vendor.htm).	
Encouraging Use of NYS Businesses in Contract Performance	
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	
Attach Copy of: Certificate of Incorporation	
PROGRAM NARRATIVE (INCLUDES) <ul style="list-style-type: none"> • Organizational Experience & Capacity • Key Personnel Profile • Program Description & Implementation 	

END OF APPLICATION