



Release Date: January 23, 2015

Invitation for Bid

**BANKING SERVICES
IN SUPPORT OF CENTRALIZED SUPPORT
COLLECTION AND ENFORCEMENT**

APPENDICES A through Z

Submission Deadline: March 27, 2015

APPENDIX A

STANDARD CLAUSES FOR NEW YORK STATE CONTRACTS

PLEASE RETAIN THIS DOCUMENT
FOR FUTURE REFERENCE.

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STANDARD CLAUSES FOR NYS CONTRACTS

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

1. EXECUTORY CLAUSE. In accordance with Section 41 of the State Finance Law, the State shall have no liability under this contract to the Contractor or to anyone else beyond funds appropriated and available for this contract.

2. NON-ASSIGNMENT CLAUSE. In accordance with Section 138 of the State Finance Law, this contract may not be assigned by the Contractor or its right, title or interest therein assigned, transferred, conveyed, sublet or otherwise disposed of without the State's previous written consent, and attempts to do so are null and void. Notwithstanding the foregoing, such prior written consent of an assignment of a contract let pursuant to Article XI of the State Finance Law may be waived at the discretion of the contracting agency and with the concurrence of the State Comptroller where the original contract was subject to the State Comptroller's approval, where the assignment is due to a reorganization, merger or consolidation of the Contractor's business entity or enterprise. The State retains its right to approve an assignment and to require that any Contractor demonstrate its responsibility to do business with the State. The Contractor may, however, assign its right to receive payments without the State's prior written consent unless this contract concerns Certificates of Participation pursuant to Article 5-A of the State Finance Law.

3. COMPTROLLER'S APPROVAL. In accordance with Section 112 of the State Finance Law (or, if this contract is with the State University or City University of New York, Section 355 or Section 6218 of the Education Law), if this contract exceeds \$50,000 (or the minimum thresholds agreed to by the Office of the State Comptroller for certain S.U.N.Y. and C.U.N.Y. contracts), or if this is an amendment for any amount to a contract which, as so amended, exceeds said statutory amount, or if, by this contract, the State agrees to give something other than money when the value or reasonably estimated value of such consideration exceeds \$10,000, it shall not be valid, effective or binding upon the State until it has been approved by the State Comptroller and filed in his office. Comptroller's approval of contracts let by the Office of General Services is required when such contracts exceed \$85,000 (State Finance Law Section 163.6-a). However, such pre-approval shall not be required for any contract established as a centralized contract through the Office of

General Services or for a purchase order or other transaction issued under such centralized contract.

4. WORKERS' COMPENSATION BENEFITS. In accordance with Section 142 of the State Finance Law, this contract shall be void and of no force and effect unless the Contractor shall provide and maintain coverage during the life of this contract for the benefit of such employees as are required to be covered by the provisions of the Workers' Compensation Law.

5. NON-DISCRIMINATION REQUIREMENTS. To the extent required by Article 15 of the Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, sex (including gender identity or expression), national origin, sexual orientation, military status, age, disability, predisposing genetic characteristics, marital status or domestic violence victim status. Furthermore, in accordance with Section 220-e of the Labor Law, if this is a contract for the construction, alteration or repair of any public building or public work or for the manufacture, sale or distribution of materials, equipment or supplies, and to the extent that this contract shall be performed within the State of New York, Contractor agrees that neither it nor its subcontractors shall, by reason of race, creed, color, disability, sex, or national origin: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. If this is a building service contract as defined in Section 230 of the Labor Law, then, in accordance with Section 239 thereof, Contractor agrees that neither it nor its subcontractors shall by reason of race, creed, color, national origin, age, sex or disability: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. Contractor is subject to fines of \$50.00 per person per day for any violation of Section 220-e or Section 239 as well as possible termination of this contract and forfeiture of all moneys due hereunder for a second or subsequent violation.

6. WAGE AND HOURS PROVISIONS. If this is a public work contract covered by Article 8 of the Labor Law or a building service contract covered by Article 9 thereof, neither Contractor's employees nor the employees of its subcontractors may be required or permitted to work more than the number of hours or days stated in said statutes, except as otherwise provided in the Labor Law and as set forth in prevailing wage and supplement schedules issued by the State Labor Department. Furthermore, Contractor

and its subcontractors must pay at least the prevailing wage rate and pay or provide the prevailing supplements, including the premium rates for overtime pay, as determined by the State Labor Department in accordance with the Labor Law. Additionally, effective April 28, 2008, if this is a public work contract covered by Article 8 of the Labor Law, the Contractor understands and agrees that the filing of payrolls in a manner consistent with Subdivision 3-a of Section 220 of the Labor Law shall be a condition precedent to payment by the State of any State approved sums due and owing for work done upon the project.

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

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

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

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

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

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

(b) Privacy Notification. (1) The authority to request the above personal information from a seller of goods or services or a lessor of real or personal property, and the authority to maintain such information, is found in Section 5 of the State Tax Law. Disclosure of this information by

the seller or lessor to the State is mandatory. The principal purpose for which the information is collected is to enable the State to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for tax administration purposes and for any other purpose authorized by law. (2) The personal information is requested by the purchasing unit of the agency contracting to purchase the goods or services or lease the real or personal property covered by this contract or lease. The information is maintained in the Statewide Financial System by the Vendor Management Unit within the Bureau of State Expenditures, Office of the State Comptroller, 110 State Street, Albany, New York 12236.

12. EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITIES AND WOMEN.

In accordance with Section 312 of the Executive Law and 5 NYCRR 143, if this contract is: (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of \$25,000.00, whereby a contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the contracting agency; or (ii) a written agreement in excess of \$100,000.00 whereby a contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon; or (iii) a written agreement in excess of \$100,000.00 whereby the owner of a State assisted housing project is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon for such project, then the following shall apply and by signing this agreement the Contractor certifies and affirms that it is Contractor's equal employment opportunity policy that:

(a) The Contractor will not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status, shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on State contracts and will undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination. Affirmative action shall mean recruitment, employment, job assignment, promotion, upgradings, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation;

(b) at the request of the contracting agency, the

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

(c) the Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the State contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

Contractor will include the provisions of "a", "b", and "c" above, in every subcontract over \$25,000.00 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor. Section 312 does not apply to: (i) work, goods or services unrelated to this contract; or (ii) employment outside New York State. The State shall consider compliance by a contractor or subcontractor with the requirements of any federal law concerning equal employment opportunity which effectuates the purpose of this section. The contracting agency shall determine whether the imposition of the requirements of the provisions hereof duplicate or conflict with any such federal law and if such duplication or conflict exists, the contracting agency shall waive the applicability of Section 312 to the extent of such duplication or conflict. Contractor will comply with all duly promulgated and lawful rules and regulations of the Department of Economic Development's Division of Minority and Women's Business Development pertaining hereto.

13. CONFLICTING TERMS. In the event of a conflict between the terms of the contract (including any and all attachments thereto and amendments thereof) and the terms of this Appendix A, the terms of this Appendix A shall control.

14. GOVERNING LAW. This contract shall be governed by the laws of the State of New York except where the Federal supremacy clause requires otherwise.

15. LATE PAYMENT. Timeliness of payment and any interest to be paid to Contractor for late payment shall be governed by Article 11-A of the State Finance Law to the extent required by law.

16. NO ARBITRATION. Disputes involving this contract,

including the breach or alleged breach thereof, may not be submitted to binding arbitration (except where statutorily authorized), but must, instead, be heard in a court of competent jurisdiction of the State of New York.

17. SERVICE OF PROCESS. In addition to the methods of service allowed by the State Civil Practice Law & Rules ("CPLR"), Contractor hereby consents to service of process upon it by registered or certified mail, return receipt requested. Service hereunder shall be complete upon Contractor's actual receipt of process or upon the State's receipt of the return thereof by the United States Postal Service as refused or undeliverable. Contractor must promptly notify the State, in writing, of each and every change of address to which service of process can be made. Service by the State to the last known address shall be sufficient. Contractor will have thirty (30) calendar days after service hereunder is complete in which to respond.

18. PROHIBITION ON PURCHASE OF TROPICAL HARDWOODS. The Contractor certifies and warrants that all wood products to be used under this contract award will be in accordance with, but not limited to, the specifications and provisions of Section 165 of the State Finance Law, (Use of Tropical Hardwoods) which prohibits purchase and use of tropical hardwoods, unless specifically exempted, by the State or any governmental agency or political subdivision or public benefit corporation. Qualification for an exemption under this law will be the responsibility of the contractor to establish to meet with the approval of the State.

In addition, when any portion of this contract involving the use of woods, whether supply or installation, is to be performed by any subcontractor, the prime Contractor will indicate and certify in the submitted bid proposal that the subcontractor has been informed and is in compliance with specifications and provisions regarding use of tropical hardwoods as detailed in §165 State Finance Law. Any such use must meet with the approval of the State; otherwise, the bid may not be considered responsive. Under bidder certifications, proof of qualification for exemption will be the responsibility of the Contractor to meet with the approval of the State.

19. MACBRIDE FAIR EMPLOYMENT PRINCIPLES. In accordance with the MacBride Fair Employment Principles (Chapter 807 of the Laws of 1992), the Contractor hereby stipulates that the Contractor either (a) has no business operations in Northern Ireland, or (b) shall take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Fair Employment Principles (as described in Section 165 of the New York State Finance Law), and shall permit independent monitoring of compliance with such

principles.

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

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

NYS Department of Economic Development
Division for Small Business
Albany, New York 12245
Telephone: 518-292-5100
Fax: 518-292-5884
email: opa@esd.ny.gov

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

NYS Department of Economic Development
Division of Minority and Women's Business
Development
633 Third Avenue
New York, NY 10017
212-803-2414
email: mwbecertification@esd.ny.gov
<https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp>

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

(a) The Contractor has made reasonable efforts to encourage the participation of New York State Business Enterprises as suppliers and subcontractors, including certified minority and women-owned business enterprises, on this project, and has retained the documentation of these efforts to be provided upon request to the State;

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

(c) The Contractor agrees to make reasonable efforts to provide notification to New York State residents of employment opportunities on this project through listing any such positions with the Job Service Division of the New York State Department of Labor, or providing such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The Contractor agrees to document these efforts and to provide said documentation to the State upon request; and

(d) The Contractor acknowledges notice that the State may seek to obtain offset credits from foreign countries as a result of this contract and agrees to cooperate with the State in these efforts.

21. RECIPROCITY AND SANCTIONS PROVISIONS.

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

22. COMPLIANCE WITH NEW YORK STATE INFORMATION SECURITY BREACH AND NOTIFICATION ACT.

Contractor shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208).

23. COMPLIANCE WITH CONSULTANT DISCLOSURE LAW.

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

24. PROCUREMENT LOBBYING.

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

25. CERTIFICATION OF REGISTRATION TO COLLECT SALES AND COMPENSATING USE TAX BY CERTAIN

STATE CONTRACTORS, AFFILIATES AND SUBCONTRACTORS.

To the extent this agreement is a contract as defined by Tax Law Section 5-a, if the contractor fails to make the certification required by Tax Law Section 5-a or if during the term of the contract, the Department of Taxation and Finance or the covered agency, as defined by Tax Law 5-a, discovers that the certification, made under penalty of perjury, is false, then such failure to file or false certification shall be a material breach of this contract and this contract may be terminated, by providing written notification to the Contractor in accordance with the terms of the agreement, if the covered agency determines that such action is in the best interest of the State.

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

<http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf>

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

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

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

APPENDIX B

BIDDER'S RESPONSE FORMS AND INSTRUCTIONS

This Appendix contains a sample of the various forms that are referenced in Sections 1, 2, 3, 4, and 5 of this IFB that must be completed and submitted as part of each Bidder's proposal. Each form is preceded by the instructions for completion of that form.

The forms contained in this Appendix are:

Name of Form

BR-1	CONTRACT DISPUTES AND TERMINATIONS
BR-2	BANKING EXPERIENCE – CORPORATE
	BR-3A PRIVATE AND PUBLIC AGENCIES - CORPORATE
	BR-3B NYS AGENCY/OFFICE/AUTHORITY - CORPORATE
BR-3	BANKING EXPERIENCE - STAFF
BR-4	KEY STAFF RESUME
BR-5	TASK DESCRIPTION
BR-6	WORKPLAN
BR-7	BIDDER SUGGESTED REVISION
BR-8	BANKING SERVICES REFERENCES
BR-9A	FINANCIAL PROPOSAL – FIXED PRICE SUMMARY
BR-9B	EARNINGS DETERMINATION
BR-10	LOCATION OF DEPOSITORIES
BR-11	LOCATION OF SERVICES
BR-12	DEBIT CARD TRANSACTION AND COST DETAILS
BR-13	TECHNICAL RESPONSE MATRIX

Instructions are included with each form and in case of any overflow; additional copies of each form may be used. Although additional information or narratives may be attached, the required information must be submitted on the Bidder's Response Forms.

BIDDER'S RESPONSE FORM AND INSTRUCTIONS

FORM NAME: CONTRACT DISPUTES AND TERMINATIONS

FORM NUMBER: BR-1

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

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

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

DATE: The date the Bidder was placed on notice.

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

POTENTIAL AMOUNT: Indicate the amount in dispute or assessment of liquidated damages.

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

CONTRACT DISPUTES AND TERMINATIONS

RESPONSIBLE COMPANY	COMPLAINT	DATE	DESCRIPTION	POTENTIAL AMOUNT	STATUS

Form BR-1

BIDDER'S RESPONSE FORM AND INSTRUCTIONS

FORM NAME: BANKING EXPERIENCE – CORPORATE

FORM NUMBERS: BR-2A and BR-2B

INSTRUCTIONS: GENERAL – Complete these forms with the information required for each category.

PRIVATE AND PUBLIC AGENCIES: On Form BR-3A, summarize the Bidder's corporate experience in providing banking services for Private and Public Agencies.

NYS AGENCY/OFFICE/AUTHORITY: On Form BR-3B, summarize the Bidder's corporate experience in providing banking services for New York State agencies, offices, or authorities.

Please note that Bidders must meet the following minimum qualification. The financial institution must have at least (3) years experience in providing banking services to clients with similar transaction types and volumes.

STATUS OF BIDDER:

Indicate if Bidder was prime contractor or subcontractor only.

AGENCY:

List the agency name, and the name of the Contract; also include the name, telephone, and facsimile numbers of the project manager.

CONTRACT PERIOD: Indicate date actual work began to the date contractor completed responsibility.

DESCRIPTION OF SERVICES:

Indicate the specific banking services provided (e.g., account establishment, deposit item processing, direct deposit, electronic fund transfers).

CONTRACT AMOUNT:

Indicate the total amount of each contract for each respective agency.

ANNUAL TRANSACTION VOLUME:

Include the total number of transactions handled annually. Of that total, list the percentage that were deposit items, paid items, ACH transfers, wire transfers, stop payments, and other related transactions.

BANKING EXPERIENCE FOR PRIVATE AND PUBLIC AGENCIES - CORPORATE

Status of Bidder	Agency Name Contract Name Project Manager Name, Title, Telephone & Facsimile Numbers	Contract Period		Description of Services	Contract Amount	Annual Transaction Volume
		FROM	TO			

Form BR-2A

BANKING EXPERIENCE FOR NEW YORK STATE AGENCIES/OFFICE/AUTHORITY - CORPORATE

Status of Bidder	Agency Name Contract Name Project Manager Name, Title, Telephone & Facsimile Numbers	Contract Period		Description of Services	Contract Amount	Annual Transaction Volume
		FROM	TO			

Form BR-2B

BIDDER'S RESPONSE FORM AND INSTRUCTIONS

FORM NAME: BANKING EXPERIENCE – STAFF

FORM NUMBER: BR-3

INSTRUCTIONS: GENERAL - Complete this matrix with the names and the number of years of experience of each individual proposed as key staff.

Staff: Fill in the name of the individual for each position. This is the person to be assigned to the position in the event of a successful offer.

STATUS OF EMPLOYEE: Indicate if individual is currently employed by the Bidder or a subcontractor.

STATES: List the states, using the Post Office defined abbreviations, in which the individual has had banking experience.

DATES OF SERVICE: Indicate the respective length of experience the individual has had with each state in the following format MM/DD/YY to MM/DD/YY.

OTHER RELATED EXPERIENCE: Indicate the number of years' experience for each individual with any other related banking experience (i.e., government accounts). This experience should be directly related to the position for which the individual is proposed.

BIDDER'S RESPONSE FORM AND INSTRUCTIONS

FORM NAME: KEY STAFF RESUME

FORM NUMBER: BR-4

INSTRUCTIONS: GENERAL - Complete this resume form for each key staff listed in your proposal to cover the positions listed in Section 3.2.2 of this IFB. Both pages must be completed.

NAME: Fill in the name of the individual.

TITLE/LEVEL: Fill in the title and level for which this individual is proposed.

STATUS OF EMPLOYEE: Indicate if the individual is associated with the Bidder or subcontractor.

YEARS: Enter number of years with present firm (Bidder or subcontractor as appropriate).

BANKING EXPERIENCE TOTAL -

YEARS/MONTH: Indicate the total amount of relevant job experience.

FROM/TO/STATE: List the individual's experience (with the most recent first and identifying part time experience as such) with any banking operations. Use the two digit post office abbreviation to designate the state.

EMPLOYER: Provide the name and address of the employer for each respective entry.

RESPONSIBILITIES: In each of these respective areas, indicate the job title(s) in which the person served, the nature of the responsibilities, the number of staff managed, and any other pertinent information.

EDUCATION AND CERTIFICATION:

List the individual's education, including schools, dates attended, degrees, honors, and/or certification.

BANKING EXPERIENCE SUMMARY:

Indicate number of years for each item.

REFERENCES: List two (2) business references from client companies. (intra-company references are not acceptable, cannot be OTDA staff.)

KEY STAFF RESUME

NAME: TITLE/LEVEL: _____

STATUS OF EMPLOYEE: YEARS: _____

BANKING EXPERIENCE				TOTAL: YEARS _____	MONTHS _____
FROM	TO	STATE	EMPLOYER	RESPONSIBILITIES	

Form BR-4 (page 1 OF 2)

KEY STAFF RESUME (CONTINUED)

NAME: TITLE/LEVEL: _____

EDUCATION AND CERTIFICATION		
FROM	TO	SCHOOL
		DEGREE/HONORS
BANKING EXPERIENCE SUMMARY		
		NUMBER OF YEARS
1. GOVERNMENT BANKING		1. <table border="1" style="width: 100%; height: 20px;"></table>
2. OTHER BANKING PROCESSING		2. <table border="1" style="width: 100%; height: 20px;"></table>
REFERENCES		
NAME/TITLE	RELATIONSHIP	ADDRESS, TELEPHONE, and FACSIMILE NUMBER
		CLIENT

BIDDER’S RESPONSE FORM AND INSTRUCTIONS

FORM NAME: TASK DESCRIPTION

FORM NUMBER: BR-5

INSTRUCTIONS: GENERAL – Complete a form for each of the following tasks:

- Timeframe (see Section 3.2.1 of this IFB)
- Project Manager (see Section 3.2.2.1 of this IFB)
- Customer Service Representative (see Section 3.2.2.4 of this IFB)
- Planning (see Section 3.2.3 of this IFB)
- Testing (see Section 3.2.4 of this IFB)
- Facilities (see Section 3.2.5 of this IFB)
- Disaster Recovery Plan (see Section 3.2.6 of this IFB)
- Account Establishment (see Section 3.2.7 of this IFB)
- Deposit Item Processing Paper (see Section 3.2.8 of this IFB)
- Deposit Item Processing Image Cash Letter (see Section 3.2.8 of this IFB)
- Check Clearing Services (see Section 3.2.9 of this IFB)
- Cancelled Checks (see Section 3.2.10 of this IFB)
- Stop Payment Placement (see Section 3.2.11 of this IFB)
- Stop Payment Removal (see Section 3.2.12 of this IFB)
- PPD Outbound (see Section 3.2.13 of this IFB)
- Outbound Electronic Funds Transfer (CCD+./CTX) (see Section 3.2.14 of this IFB)
- Outbound Electronic Funds Transfer (IAT) (see Section 3.2.14 of this IFB)
- Bank Transfers (see Section 3.2.15 of this IFB)
- ACH/Wire Transfers (see Section 3.2.16 of this IFB)
- Inbound Electronic Funds Transfers (CCD+./CTX) (see Section 3.2.17 of this IFB)
- Inbound Electronic Funds Transfers (IAT) (see Section 3.2.17 of this IFB)
- Addendum Record Information (see Section 3.2.17.1-4 of this IFB)
- Non-Sufficient Funds (see Section 3.2.18 of this IFB)
- Issuance and Cancellation Processing (see Section 3.2.19 of this IFB)
- Image Replacement Document (see Section 3.2.20 of this IFB)
- Customer Service (see Section 3.2.21 of this IFB)
- Inventory/Supplies (see Section 3.2.22 of this IFB)
- Weekly Progress Reports (see Section 3.2.23 of this IFB)
- Correspondence (see Section 3.2.24 of this IFB)
- Controls and Records (see Section 3.2.25 of this IFB)
- Performance Standards (see Section 3 of this IFB)
- Contractor Compensation (see Section 3.2.27 of this IFB)

TASK: Name of task being described on this form.

TASK NUMBER: Tasks are to be sequentially numbered.

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

ASSUMPTIONS/CONSTRAINTS: Major assumptions and constraints used in the planning process are to be documented.

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

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

TASK DESCRIPTION

TASK _____ TASK NUMBER _____
TASK DESCRIPTION:
ASSUMPTIONS/CONSTRAINTS:
RELATIVE DIFFICULTY:
DEPENDENCIES:

Form BR-5

BIDDER'S RESPONSE FORM AND INSTRUCTIONS

FORM NAME: WORKPLAN

FORM NUMBER: BR-6

INSTRUCTIONS: GENERAL – Complete a separate form for each of the major tasks identified in Section 3.

TASK: Indicate the task for which the form applies.

TASK DESCRIPTION: Identify the task being performed.

EFFORT: Enter the number of staff-days for each task.

DURATION: Enter the total time span required to complete the task.

TIME: Indicate the week the task is planned to begin through the time the task is to be completed. (Week 1 is the first week Transition has begun, week 2 is the second week, etc.) Additional pages may be attached if necessary.

BIDDER'S RESPONSE FORM AND INSTRUCTIONS

FORM NAME:	BIDDER SUGGESTED REVISION
FORM NUMBER:	BR-7
INSTRUCTIONS:	GENERAL – Complete a form for each Bidder suggested revision.
PROCESS STEP:	A discrete unit of work performed as part of the Banking Operations.
TASK:	Enter the name of the task which the Suggested Revision impacts.
REVISION NO.:	Each revision is to be sequentially numbered.
REVISION TYPE:	Indicate whether the revision is for cost savings or to improve efficiency.
DESCRIPTION OF REVISION:	Outline the change proposed so that it is understandable.
BENEFITS:	Identify and quantify the magnitude of benefits to the State (e.g., Staffing, Facilities, Equipment, and Processing Time).
ANTICIPATED CHANGE	
IN SERVICE LEVEL:	Summarize the major changes to the performance standards.
EXPLANATION/ JUSTIFICATION:	Summarize the risk of failure or success of each revision, the financial impact of the proposed revision and the justification for the revision. Provide a list of places where the elements of the proposed revision are currently in production and include a contact person at each site with whom the OTDA can speak. If not currently in operation, provide other information (e.g., name of manufacturer's representative, name of customer who is currently having the revision installed) that will assist the OTDA in reviewing this revision.
PRICE COMPONENT:	For tasks where the total fixed price amount is impacted by a projected volume, provide the volume. Enter the total sum in the price column, including all categories. Cost savings should be represented by negative numbers.

BIDDER SUGGESTED REVISION

PROCESS STEP (IF APPLICABLE): _____ REVISION NO.: _____	
REVISION TYPE: _____ COST SAVINGS: _____	
TASK: _____ IMPROVE EFFICIENCY: _____	
DESCRIPTION OF REVISION:	
BENEFITS:	
ANTICIPATED CHANGE IN SERVICE LEVEL:	
EXPLANATION/JUSTIFICATION:	
PRICE COMPONENT	PRICE:
VOLUME:	

Form BR-7

BIDDER'S RESPONSE FORM AND INSTRUCTIONS

FORM NAME: BANKING SERVICES REFERENCES

FORM NUMBERS: BR-8

INSTRUCTIONS: GENERAL – Provide three (3) references, excluding NYS OTDA, which the OTDA personnel may contact regarding the Bidder's ability to meet their contractual obligations and their ability to implement operations. Two (2) of the references must be from the agencies provided on Form BR-3A Private and Public Agencies, and one (1) of the references must be from the agencies provided on Form BR-3B New York State Agencies/Offices/Authorities.

STATUS OF BIDDER: Indicate if Bidder was prime contractor or subcontractor only.

AGENCY: List the agency name, and the name of the Contract; also include the name, telephone, and facsimile numbers of the project manager.

AGENCY TYPE: Indicate whether the agency is a public agency or a New York State agency, office or authority.

CONTRACT PERIOD: Indicate date actual work began to the date contractor completed responsibility.

ANNUAL TRANSACTION VOLUME: Include the total number of transactions handled annually. Of that total, list the percentage that were deposit items, paid items, ACH transfers, wire transfers, stop payments, and other related transactions.

DESCRIPTION OF SERVICES: Indicate the specific banking services provided (e.g., account establishment, deposit item processing, direct deposit, electronic fund transfers).

BANKING SERVICES REFERENCES

Status of Bidder	Agency Name Contract Name Project Manager Name, Title, Telephone & Facsimile Numbers	Type of Agency	Contract Period		Annual Transaction Volume	Description of Services
			FROM	TO		

Form BR-8

BIDDER'S RESPONSE FORM AND INSTRUCTIONS

FORM NAME: FINANCIAL PROPOSAL – FIXED PRICE SUMMARY

FORM NUMBER: BR-9A

FUNCTION /

INSTRUCTIONS: GENERAL – The Bid price required on Form BR-10A must represent the unit cost for each respective service category. Provide the total price for services related, for the entire volume by multiplying the per unit cost by the total volume for each respective service category. The volumes presented are estimated and actual contractor compensation will be based on actual volumes that are experienced throughout the contract term.

Transition – Provide the total cost for Transition Services. See Section 3.2 of this IFB for a description of services to be provided.

Account Establishment – Provide the total cost for Account Establishment Services for the operational period. See Section 3.2.7 of this IFB for a description of services to be provided.

Paper Based Deposit Processing – Provide the per unit cost for Deposit Item Processing Paper. See Section 3.2.8 of this IFB for a description of services to be provided.

Image Cash Letter – Provide the per unit cost for Image Cash Letter. See Section 3.2.8.3 of this IFB for a description of services to be provided.

Image Replacement Document – Provide the per unit cost for Image Replacement Document. See Section 3.2.20 of this IFB for a description of services to be provided.

Non-Sufficient Funds - Provide the per unit costs for Non-Sufficient Funds Services. See Section 3.2.18 of this IFB for a description of services to be provided.

EFT Inbound (CCD+/CTX) - Provide the per unit cost for EFT Incoming Services. See Section 3.2.17 of this IFB for a description of services to be provided.

EFT Inbound (IAT) - Provide the per unit cost for EFT (IAT) Incoming Services. See Section 3.2.17 of this IFB for a description of services to be provided.

Check Clearing Services – Provide the per unit cost for Check Clearing Services. See Section 3.2.9 of this IFB for a description of services to be provided.

PPD Outbound - Provide the per unit cost for PPD Services. See Section 3.2.13 of this IFB for a description of services to be provided.

EFT Outbound (CCD+/CTX) - Provide the per unit cost for EFT Outgoing CCD+ Services. See Section 3.2.14 of this IFB for a description of services to be provided.

EFT Outbound (IAT) - Provide the per unit cost for EFT (IAT) Outgoing Services. See Section 3.2.14 of this IFB for a description of services to be provided.

FORM NAME: FINANCIAL PROPOSAL – FIXED PRICE SUMMARY (continued)

FORM NUMBER: BR-9A

FUNCTION/INSTRUCTIONS

(continued):

Bank Transfers - Provide the per unit cost for Bank Transfers. See Section 3.2.15 of this IFB for a description of services to be provided.

ACH Transfers - Provide the per unit cost for ACH Transfers. See Section 3.2.16 of this IFB for a description of services to be provided.

Wire Transfers - Provide the per unit cost for Wire Transfers. See Section 3.2.16 of this IFB for a description of services to be provided.

Stop Payment Placement - Provide the per unit cost for Stop Payment Placement Services. See Section 3.2.11 of this IFB for a description of services to be provided.

Stop Payment Removal - Provide the per unit cost for Stop Payment Removal Services. See Section 3.2.12 of this IFB for a description of services to be provided.

Issuance and Cancellation Processing – Provide the per unit cost for Issuance and Cancellation Processing. See Section 3.2.19 of this IFB for a description of services to be provided.

Cancelled Check Copies - Provide the per unit cost for Cancelled Check Copy Services. See Section 3.2.10 of this IFB for a description of services to be provided.

TOTAL BID PRICE: Enter the total sum of the Bid Price column, including all categories.

FINANCIAL PROPOSAL – FIXED PRICE SUMMARY

SERVICE CATEGORY	VOLUME	UNIT PRICE	TOTAL BID PRICE
Transition	N/A	N/A	\$
Account Establishment	N/A	N/A	\$
SERVICE CATEGORY	ESTIMATED 5 YEARS VOLUME	UNIT PRICE	TOTAL BID PRICE
Paper Based Deposit Processing	11,170	\$	\$
Image Cash Letter	15,542,820	\$	\$
Image Replacement Document	117,350	\$	\$
Non-Sufficient Funds	6,600	\$	\$
EFT Inbound (CCD+/CTX)	25,817,710	\$	\$
EFT Inbound (IAT)	11,170	\$	\$
Check Clearing Services	6,083,880	\$	\$
PPD Outbound	38,058,790	\$	\$
EFT Outbound (CCD+/CTX)	4,183,715	\$	\$
EFT Outbound (IAT)	11,170	\$	\$
Bank Transfers	320,160	\$	\$
ACH Transfers	8,000	\$	\$
Wire Transfers	8,000	\$	\$
Stop Payment Placement	131,400	\$	\$

Form BR-9A (page 1 of 2)

SERVICE CATEGORY	ESTIMATED 5 YEARS VOLUME	Unit Price	TOTAL BID PRICE
Stop Payment Removal	6,570	\$	\$
Issuance and Cancellation Processing	4,500	\$	\$
Cancelled Check Copies	500	\$	\$
TOTAL BID PRICE		\$	\$

Form BR-9A (page 2 of 2)

BIDDER'S RESPONSE FORM AND INSTRUCTIONS

FORM NAME: EARNINGS DETERMINATION

FORM NUMBER: BR-9B

INSTRUCTIONS: GENERAL – The Bidder must commit to a uniform earnings calculation that will:

- Remain in effect for the entire term of the contract;
- Provide for monthly earnings calculated by the formula $E = PRT$, where:

P = average daily available balance

R = the monthly average yield on the 3 month Treasury Bill determined at the weekly auction and available on www.treasurydirect.gov plus twenty-five (25) basis points

T = number of days in the month with a daily available balance exceeding zero, divided by 365 days

The Bidder must complete the BR-10B Earnings Determination Section by reading carefully, affixing the signature of an authorized representative to bind the Bidder and entering the date the form was signed.

EARNINGS DETERMINATION

I, being an authorized representative to bind the firm do hereby acknowledge that the earnings accruing to each of the fifty-nine (59) support accounts and the Administrative bank account will be calculated on the average daily available balance using the formula $E = PRT$, where:

P = average daily available balance

R = the monthly average yield on the 3 month Treasury Bill determined at weekly auction and available on www.treasurydirect.gov plus twenty-five (25) basis points

T = number of days in the month a daily available balance exceeding zero, divided by 365 days

I also understand that the uniform earnings determination will be used throughout the entire contract term.

I also acknowledge and will abide by the Invitation for Bid (IFB) requirements noted in Section 3.4.3, 3.4.5, 3.4.6, 3.4.8, 3.4.9, and 3.4.10 of the IFB for offsetting banking services fees with earnings, billing the OTDA for fees not offset by earnings, and crediting excess earnings recorded as "Net Earnings" against any support account and/or the Administrative bank account where appropriate.

Printed Name

Signature

Date

Authorized to bind _____ to the above-referenced
(Firm Name)
acknowledgements and understanding which will support the basis for Agreement provisions.

Form BR-9B

BIDDER'S RESPONSE FORM AND INSTRUCTIONS

FORM NAME:	LOCATION OF DEPOSITORIES
FORM NUMBER:	BR-10
INSTRUCTIONS:	GENERAL – Identify the location of depositories located within the designated county boundaries of each local district SCU, for the purpose of accepting deposits from the respective local district SCU and/or all branch offices able to cash local district custodial parent child support checks.
NYS COUNTY:	Enter the NYS County for each Depository or Branch office that the Bidder lists. The Bidder must refer to Appendix E for a listing of Support Collection Units and their locations to ensure each SCU is addressed.
NAME OF DEPOSITORY OR BRANCH:	Enter name of Bidder's branch office or the available depository.
ADDRESS:	Enter the address for each respective depository or branch.
BUSINESS HOURS:	Enter the business hours for each respective depository or branch.
ACCEPTS DEPOSITS:	Check to indicate depository's ability to accept deposits.
NIGHT DEPOSITS:	Check to indicate depository's ability to accept night deposits.
CHECK CASHING:	Check to indicate if the respective depository or branch is able to cash local district SCU custodial parent checks.

BIDDER'S RESPONSE FORM AND INSTRUCTIONS

- FORM NAME:** LOCATION OF SERVICES
- FORM NUMBER:** BR-11
- INSTRUCTIONS:** GENERAL – Identify the location where transition activities and on-going operations will be coordinated from as required in Section 3.2 and 3.3 of this IFB.
- FUNCTION:** Indicate the function for which an address is being provided as either Transition or on-going Operations.
- ADDRESS:** Provide the name of the facility and the street address for each Transition activity or on-going Operations for the identified function.
- SERVICE:** For each address provided, indicate the respective service by placing a check in the corresponding columns.

LOCATION OF SERVICES

FUNCTION: _____

ADDRESS	Administrative Services	Computer Operations	Depository Location	Record Retention

Form BR-11

BIDDER'S RESPONSE FORM AND INSTRUCTIONS

FORM NAME: DEBIT CARD TRANSACTION AND COST DETAILS

FORM NUMBER: BR-12

INSTRUCTIONS: The matrix provides Transaction and Cost Details for the custodial parent debit card transactions. Provide a per item cost for debit card services. Cardholder/Customer fees will not be subject to annual rate adjustment or price escalation.

Debit Card Transaction and Cost Details

Description	Transaction/Cost Detail	Transaction Fee	Surcharge Fee
Balance Inquiry at Network ATMs	No Transaction Fee or Surcharge Fee allowable. See Sections 3.7 of this IFB	\$ 0.00	N/A
Balance Inquiry at all other ATMs	Transaction Fee may not exceed \$.50 per inquiry		N/A
Cash Withdrawals at Network ATMs	No transaction or surcharge fee for the first 2 withdrawals per month per child support account. Provide costs for the 3rd or more withdrawals per month per child support account. Transaction Fee no greater than \$.50 and no Surcharge Fee.		N/A
Cash Withdrawals at other than Network ATMs	Transaction Fee no greater than \$.50 per withdrawal.		
Declined Funds Transactions	Fee for attempts to withdraw cash from an ATM beyond the current debit card account balance. Transaction Fee no greater than \$.50 per attempt.		N/A

Form BR-12 (page 1 - 3)

Point of Sale Transactions

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

Teller Transactions

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

Other Service Fees

Description	Transaction/Cost Detail	Transaction Fee
Customer Service	Toll free 800 call center customer service inquiries. No fees will be permitted.	\$ 0.00
Web Based Customer Service	No fees will be permitted.	\$ 0.00
Account Maintenance Fee	Monthly fee for each card holder account. No fees will be permitted.	\$ 0.00
Account Statement	Monthly statement of debit card account. Must be provided upon cardholder request to the customer service call center. The statement must also be available to the cardholder via the debit card customer service web site.	\$0.00
Replacement Card (1 per year)	Fee for 1 replacement card per year per client debit card account. No fees will be permitted.	\$ 0.00
Replacement Card (greater than 1 per year)	Fee for each replacement card greater than 1 per year per client debit card account.	

Form BR-12 (page 2 - 3)

Requested Expedited Card Delivery	Fee for client requested expedited delivery of replacement debit card. Requires a 2 day delivery service.	
Required Expedited Card Delivery	Expedited delivery of replacement debit card due to non-receipt of initial debit card or Bidder error. Requires a 2 day delivery service. No Transaction Fee.	\$ 0.00
Overdraft Fee	Fee for the overdraft of a debit card account when there are insufficient funds available in the account.	
Maintenance of Inactive Accounts	No fees will be permitted	\$0.00

Form BR-12 (page 3 - 3)

BIDDER'S RESPONSE FORM AND INSTRUCTIONS

FORM NAME: TECHNICAL RESPONSE MATRIX

FORM NUMBER: BR-13

INSTRUCTIONS: Provided on the Technical Response Matrix are specific Bid Response Order requirements as per Section 4.4 of this IFB. The Bidder must review each specification and its respective IFB reference, and indicate by checking Yes, No or Not Applicable (N/A), whether or not the Bidder is capable of meeting each requirement as specified and, where required, has provided additional narrative or information.

Failure to say Yes to each specific requirement other than BR-2 and BR-8 if not applicable may result in a proposal being removed from further consideration as noted in Section 2.3.1.1 of this IFB.

***Note:** For BR – 2, and BR - 8 if Not Applicable, 'N/A' must be checked.

TECHNICAL RESPONSE MATRIX

RESPONSE REQUIREMENT	IFB REFERENCE	Completed and included:
Transmittal Letter includes and confirms the following:	4.4.1	Yes___ No ___
Bidder's letterhead	4.4.1	Yes___ No ___
Listing of officials authorized to bind the contract	4.4.1.1	Yes___ No ___
Statement that the individual signing the signature pages is authorized to bind the company, including an explanation of how that official's authorization has been conferred	4.4.1.2	Yes___ No ___
Valid for a minimum of one (1) year from the Closing Date for Receipt of Bids	1.10.1 and 4.4.1.3	Yes___ No ___
Minimum Qualifications of Bidders – Financial Institution licensed to conduct business in NYS, one branch within NYS boundaries, maintain a depository within a 35 mile radius of Albany, \$1 - \$19 million deposit ability representing large volumes of deposit transactions both paper and electronic (upwards of approximately 36,000 individual remittance devices) and process those deposits in accordance with accepted standards of the banking industry. As of September 30, 2014 the financial institution must have total assets of not less than \$3.3 billion and total deposits of not less than \$3.1 billion. The financial institution must provide an array of banking services as noted in Section 3 of this IFB.	1.5, 1.5.1 and 4.4.1.4	Yes___ No ___
Secured collateral	3.2.7.11 and 4.4.1.5	Yes___ No ___
Obligation to complete project	4.4.1.6	Yes___ No ___
Prices contained in Form BR-10A Financial Proposal-Fixed Price Summary are fixed for the entire term of the project	4.4.1.7	Yes___ No ___
Bidder's willingness and capability to execute and perform a contract	4.4.1.9	Yes___ No ___
Bidder's understanding that the prices contained in Form BR-13 are fixed for the entire term of the project	4.4.1.8	Yes___ No ___
Statement informing OTDA if Bidder has or has not been suspended or debarred from federally funded contracts or presence of any activity or investigation that could result in suspension or debarment from federally funded contracts	4.4.1.10	Yes___ No ___
Division of responsibility between OTDA, CSCE Contractor and the Bidder	4.4.1.11	Yes___ No ___
Authorized Signature to bind the Bidder	4.4.1.2	Yes___ No ___

Form BR-13 (page 1 of 3)

FORM	TITLE	IFB REFERENCE	Completed and Included:
BR-1*	Contract Disputes and Terminations	1.5.4	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
BR-2A	Banking Experience – Private and Public Agencies – Corporate Please refer to form instructions; this is a Minimum Qualification of Bidders	1.5.2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
BR-2B	Banking Experience - New York State Agencies/Office/Authorities – Corporate Please refer to form instructions; this is a Minimum Qualification of Bidders	1.5.2	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 BR-3	Banking Experience – Staff	3.2.2.1	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 BR-4	Key Staff Resume	3.2.2.1	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 BR-5	Task Description	3.2 and 3.3	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 BR-6	Workplan	3.2	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 BR-7*	Bidder Suggested Revision	3.5	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
BR-8	Banking Services References	1.5.2	<input type="checkbox"/> Yes <input type="checkbox"/> No
BR-9A	Financial Proposal – Fixed Price Summary	3.2, 3.3 and 3.4	<input type="checkbox"/> Yes <input type="checkbox"/> No
BR-9B	Earnings Determination	3.2.7.5	<input type="checkbox"/> Yes <input type="checkbox"/> No
BR-10	Location of Depositories	3.2.5.1 and 3.2.5.2	<input type="checkbox"/> Yes <input type="checkbox"/> No
BR-11	Location of Services	3.2 and 3.3	<input type="checkbox"/> Yes <input type="checkbox"/> No
BR-12	Debit Card Transaction and Cost Details	3.7	<input type="checkbox"/> Yes <input type="checkbox"/> No
BR-13	Technical Response Matrix	4.4.2	<input type="checkbox"/> Yes <input type="checkbox"/> No
J.1	Confidentiality Agreement	5.17	<input type="checkbox"/> Yes <input type="checkbox"/> No
J.2	Non-Collusive Bidding Certification		<input type="checkbox"/> Yes <input type="checkbox"/> No
J.3	MacBride Fair Employment Principals	Appendix A	<input type="checkbox"/> Yes <input type="checkbox"/> No
J.4	PLA Offerer's Certification and Affirmation of Understanding of and Agreement pursuant to State Finance Law	1.15	<input type="checkbox"/> Yes <input type="checkbox"/> No
J.5	Non-Construction For-Profit Vendor Responsibility Questionnaire	1.21	<input type="checkbox"/> Yes <input type="checkbox"/> No
J.6	Offerer Disclosure of Prior Non-Responsibility Determinations	1.15	<input type="checkbox"/> Yes <input type="checkbox"/> No
J.9	MWBE /EEO Policy Statement	1.17	<input type="checkbox"/> Yes <input type="checkbox"/> No
J.10	MWBE Subcontracting Utilization Plan	1.17	<input type="checkbox"/> Yes <input type="checkbox"/> No

Form BR-13 (page 2 of 3)

FORM	TITLE	IFB REFERENCE	Completed and Included:
J.11	MWBE Subcontractors and/or Suppliers Letter of Intent to Participate	1.17	___ Yes ___ No
J.12	EEO Staffing Plan	1.17	___ Yes ___ No
J.13	MWBE Goal Requirement Certification of Good Faith Efforts	1.17	
J.14	MWBE Request for Waiver Form (Not Required Unless Applying for Waiver)	1.17	
J.15	Bidder Application Form		
J.16	Subcontractor and Supplier Identification Form	1.22.4	
N/A	Required Insurance Forms, as specified in Section 5.27	5.27	

RESPONSE REQUIREMENT	IFB REFERENCE	Completed and included:
Additional Information:	4.4.3	
Organizational structure	4.4.3.1	___ Yes ___ No
Corporate financial status-Please Note that Bidders must meet the following Minimum Qualification to Bid – The Bidder must maintain a Kroll Bond Rating Agency (KBRA) financial rating of at least “B-”.	1.53 and 4.4.3.2	___ Yes ___ No
Transition Plan	3.2 and 4.4.3.3	___ Yes ___ No

Form BR-13 (page 3 of 3)

APPENDIX C

SAMPLE DOCUMENTS

Appendix C contains information that may be useful to Bidders in completing their response to this IFB. This information is designed for that purpose only. The OTDA does not guarantee that any volumes presented herein will be prevalent during the term of the resultant contract.

The following information is presented herein:

- C-1 Statement of Account
- C-2 Recap of Posted Items Report
- C-3 Reconciliation Statement
- C-4 Reconciliation Reports:
 - C-4a Consolidated Report
 - C-4b Outstanding Settlement Report
 - C-4c Paid Only Report
 - C-4d Stop Report
- C-5 Account Reconciliation Report
- C-6 Verified Deposit Slip
- C-7 Samples of Existing Check Format:
 - C-7a Custodial Parent Check
 - C-7b SCU Check
- C-8 Sample Monthly Analysis Statement
- C-9 Electronic File Formats:
 - C-9a ACH Header Record Format for CCD+, CTX, IAT and PPD.
 - C-9b CCD+ Format
 - C-9c CTX Format
 - C-9d IAT Format
 - C-9e PPD Format
 - C-9f Image Cash Letter Format
 - C-9g CCD+/CTX Formats Glossary

Statement of Account

Customer service information

 Customer service: 1.888.

COUNTY SUPPORT COLLECTION UNIT

Your Public Funds Interest Checking

for March 29, 2014 to April 25, 2014

Account number:

COUNTY SUPPORT COLLECTION UNIT

Account summary

Beginning balance on March 29, 2014	\$198,917.88	# of deposits/credits: 50
Deposits and other credits	557,090.12	# of withdrawals/debits: 80
Withdrawals and other debits	-536,907.03	# of days in cycle: 27
Checks	-0.00	Average ledger balance: \$221,383.97
Service fees	-0.00	
Ending balance on April 25, 2014	\$219,100.97	

Sample C-1 (page 1 of 4)

Bank

Your checking account

March 29, 2014 to April 25, 2014

Deposits and other credits

Date	Transaction description	Customer reference	Bank reference	Amount
03/31/14	NYS CHILD SUPPORT DES:END OF DAY ID:21 INDN: COUNTY CO ID: CCD		900687009503713	21,780.41
03/31/14	NYS CHILD SUPPORT DES:END OF DAY ID:21 INDN: COUNTY CO ID: CCD		900690004501927	9,922.87
03/31/14	NYS DOL UI DES:CSUP UI ID:043 INDN: COUNTY CO ID:XXXXXXXXXU CCD		900687007287172	228.45
04/01/14	NYS CHILD SUPPORT DES:NYS TAX ID:21 INDN: COUNTY CO ID: CCD		900691009185389	54,701.47
04/01/14	NYS CHILD SUPPORT DES:END OF DAY ID:21 INDN: COUNTY CO ID: CCD		900690004925662	38,077.32
04/01/14	NYS DOL UI DES:CSUP UI ID:043 INDN: COUNTY CO ID:XXXXXXXXXU CCD		900690002171915	50.62
04/02/14	NYS CHILD SUPPORT DES:END OF DAY ID:21 INDN: COUNTY CO ID: CCD		900691010979070	8,371.38
04/02/14	NYS DOL UI DES:CSUP UI ID:043 INDN: COUNTY CO ID:XXXXXXXXXU CCD		900691007093442	6,656.69
04/03/14	NYS CHILD SUPPORT DES:END OF DAY ID:21 INDN: COUNTY CO ID: CCD		900692008504589	12,727.04

Sample C-1 (page 2 of 4)

Bank

Your checking account

| Account #

| March 29, 2014 to April 25, 2014

Withdrawals and other debits - continued

Date	Transaction description	Customer reference	Bank reference	Amount
04/01/14	COUNTY DES:CH SUP DEP FL# INDN:SETT-BATCH CCD		900691006647761	-28,488.13
04/01/14	COUNTY DES:NY36043 FL# INDN:SETT-BATCH CO ID: CCD		900691006647818	-676.61
04/01/14	COUNTY DES:NY36043 FL# INDN:SETT-BATCH CO ID: CCD		900691010545976	-350.89
04/01/14	Summarized Debit			-1,428.12
04/02/14	COUNTY DES:CH SUP DEP FL# INDN:SETT-BATCH CO ID: CCD		900692002568230	-24,670.35
04/02/14	COUNTY DES:NY36043 FL# INDN:SETT-BATCH CO ID: CCD		900692007889624	-1,558.08
04/02/14	COUNTY DES:NY36043 FL# INDN:SETT-BATCH CO ID: CCD		900692002568287	-1,290.54
04/02/14	COUNTY DES:CH SUP DEP FL# INDN:SETT-BATCH CO ID: CCD		900692007889574	-14.39
04/02/14	Summarized Debit			-2,528.68
04/03/14	COUNTY DES:CH SUP DEP FL# INDN:SETT-BATCH CO ID: CCD		900693009912864	-15,409.65

Sample C-1 (page 3 of 4)

Bank

Your checking account

| March 29, 2014 to April 25, 2014

Withdrawals and other debits - continued

Date	Transaction description	Customer reference	Bank reference	Amount
04/24/14	COUNTY I CCD		900614007507761	-122.17
04/24/14	Summarized Debit			-5,265.10
04/25/14	COUNTY CCD		900615001771594	-4,843.31
04/25/14	COUNTY # CCD		900615003989304	-314.78
04/25/14	COUNTY CCD		900615001771652	-4.60
04/25/14	Summarized Debit			-6,924.76
Total withdrawals and other debits				-\$536,907.03

Sample C-1 (page 4 of 4)

Recap of Posted Item Report

BANK NO.	ACCOUNT NO.	0000487	TEAM NO.	000	RECAP OF POSTED ITEMS REPORT			COUNTY SUPPORT			DATE	04/29/14
					PAID ITEMS	CHECKS AMOUNT	ISSUES ITEMS	AMOUNT	STOPS PLACED ITEMS	AMOUNT		
03-31-14	66	9,562.75	68	9,800.51								
04-01-14	21	1,428.12	38	3,181.49	2	273.15				2	661.42	
04-02-14	33	2,528.68	31	3,117.52								
04-03-14	49	8,094.57	19	1,783.79	2	26.00						
04-04-14	46	5,010.68	93	9,221.84	1	39.97						
04-07-14	80	9,260.92	87	7,749.29	1	51.23						
04-08-14	29	2,570.43	30	1,835.65	1	7.60				3	1,049.00	
04-09-14	42	3,616.35	27	8,368.14						1	132.00	
04-10-14	50	5,127.41	21	5,977.41								
04-11-14	41	3,509.06	80	7,395.04						1	132.00	
04-14-14	81	14,997.25	60	5,550.91								
04-15-14	18	1,546.65	50	2,461.78						1	278.00	
04-16-14	27	4,033.26	26	5,104.41	1	6.00						
04-17-14	45	4,252.35	15	1,283.20								
04-18-14	50	4,744.10	78	9,236.96								
04-21-14	54	4,560.25	63	9,876.99						6	627.91	
04-22-14	31	3,764.14	28	1,951.05	2	11.65						
04-23-14	38	8,136.63	19	2,508.46								
04-24-14	45	5,265.10	9	2,227.93						3	628.64	
04-25-14	56	6,924.76	71	6,069.79								
TOTALS	902	107,933.46	913	104,602.16	10	415.60				17	3,508.97	

Sample C-2

Reconciliation Statement

COMPANY:	COUNTY SUPPORT	ACCOUNT NUMBER:
BANK: 487		RECON PERIOD: 04/25/14
RECONCILIATION STATEMENT		
BANK		
RECONCILEMENT DEPARTMENT (ARP)		
MAIL STOP: MA6-545-02-14		

DDA STATEMENT SETTLEMENT		
PRIOR DDA BALANCE		\$ 198,917.88
CURRENT RECONCILED CHECKS	902	ITEMS 107,933.46 -
CURRENT PAID NO ISSUE	0	ITEMS .00 -
SUB TOTAL (PAID CHECKS)	902	ITEMS 107,933.46 =
DEPOSITS, CREDITS, & INTEREST	50	ITEMS 557,090.12 +
MISCELLANEOUS DEBITS	60	ITEMS 428,973.57 -
DEBIT ADJUSTMENTS	0	ITEMS .00 +
CREDIT ADJUSTMENTS	0	ITEMS .00 -
ENDING DDA BALANCE (CALCULATED)		\$ 219,100.97
ACTUAL DDA ENDING BALANCE		\$ 219,100.97

PRIOR PAID NO ISSUE - REMAINING (PNI FROM PREVIOUS STATEMENT)	0	\$.00
PRIOR PAID NO ISSUE - ISSUED (PNI FROM PREVIOUS STATEMENT)	0	\$.00

DEBIT SETTLEMENT		
CURRENT RECONCILED CHECKS	902	ITEMS \$ 107,933.46 +
CURRENT PAID NO ISSUE	0	ITEMS .00 +
MISCELLANEOUS DEBITS (POSTED THIS PERIOD)	60	ITEMS 428,973.57 +
DEBIT ADJUSTMENTS	0	ITEMS .00 -
CREDIT ADJUSTMENTS	0	ITEMS .00 +
TOTAL RECONCILIATION DEBITS		\$ 536,907.03
<p>NOTICE: IF CHECKS HAVE BEEN PAID AGAINST YOUR ACCOUNT FOR WHICH THE BANK HAS RECEIVED NO ISSUE RECORD, THE TOTAL OF SUCH CHECKS IS NOTED ABOVE IN THE CATEGORY 'PAID NO ISSUE.' THESE CHECKS ARE IDENTIFIED IN DETAIL ON YOUR RECONCILEMENT REPORTS WITH A CODE #1 AND CODE #3. PLEASE REVIEW THESE ITEMS AND PROVIDE THE ISSUE RECORD OR INSTRUCTIONS WITHIN TEN DAYS OF RECEIVING THIS REPORT.</p>		

Sample C-3 (page 1 of 2)

Reconciliation Statement

COMPANY: COUNTY SUPPORT ACCOUNT NUMBER:
BANK: RECON PERIOD: 04/25/14
RECONCILIATION STATEMENT

** MISREAD SERIAL NUMBERS POSTED TO DDA IN THE SAME RECONCILIATION PERIOD**

DATE	CORRECTED SERIAL NUMBER	ORIGINAL SERIAL NUMBER	AMOUNT
040214	210059290	200059290	112.50
041014	210059759	219059759	53.30
041114	210059829	59829	24.90
042514	210060072	72	60.00

Sample C-3 (page 2 of 2)

Consolidated Report

CUSTOMER RECONCILIATION REPORT

TYPE OF REPORT		CUS. A/C NO		CUSTOMER NAME		DATE		PAGE	
CONSOLIDATED		487				04-25-14		1	
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
CHECK NUMBER	CHECK AMOUNT PAID C/S	DATE PAID	REFERENCE NUMBER	DATE ISSUED	DESCRIPTION COMMENTS	CHECK NUMBER	CHECK AMOUNT PAID C/S	DATE PAID	REFERENCE NUMBER
ISSUED	DATE	ISSUED	DATE	ISSUED	DATE	ISSUED	DATE	ISSUED	DATE
4 210029134	100.00	052711		040811		4 210047223	50.00	030713	
4 210033614	95.00	100411		092911		4 210047262	16.01	080713	
4 210036506	23.74	020312		010912		4 210047276	25.50	080713	
4 210037106	58.00	021612		013112		4 210047296	3.32	080813	
4 210043369	189.58	011612		091412		4 210047332	100.00	080913	
4 210044791	53.46	052913		110112		4 210047361	20.98	081113	
4 210044877	33.50	050613		110212		4 210047407	11.53	081313	
4 210044899	6.00	050713		110512		4 210047438	10.96	081313	
4 210044962	190.00	050913		110712		4 210047551	11.53	082113	
4 210045013	3.00	051013		110812		4 210047707	6.71	082713	
4 210045047	70.00	051313		110912		4 210047715	10.93	082713	
4 210045139	1.00	051613		111412		4 210047731	6.00	082713	
4 210045187	1.29	052913		111412		4 210047829	25.00	082913	
4 210045258	41.52	052213		111912		4 210048022	1.48	090813	
4 210045316	19.24	052213		120112		4 210048181	159.88	091113	
4 210045336	1.15	052213		120112		4 210048352	63.27	091813	
4 210045341	67.43	052213		120112		4 210048366	6.70	091913	
4 210045382	123.00	061313		121212		4 210048457	3.76	092413	
4 210045392	21.00	061713		121412		4 210048485	4.12	092413	
4 210045398	35.12	061713		121412		4 210048523	6.03	092413	
4 210046040	8.08	061913		121812		4 210048544	10.00	092513	
4 210046051	11.54	061913		121812		4 210048545	32.15	092513	
4 210046113	21.00	062413		122112		4 210048548	26.94	092513	
4 210046133	50.00	062413		122112		4 210048558	3.49	092513	
4 210046192	20.08	062513		122412		4 210048620	43.61	093013	
4 210046199	3.46	062713		122612		4 210048702	10.00	100113	
4 210046266	6.66	070113		122812		4 210048827	50.00	100713	
4 210046393	32.15	070513		010213		4 210048993	12.50	100913	
4 210046452	21.00	070813		010413		4 210049110	1.23	101513	
4 210046492	4.06	070913		010713		4 210049144	75.00	101513	
4 210046559	2.30	071013		010813		4 210049218	49.00	102113	
4 210046607	34.62	071213		011013		4 210049250	24.22	102113	
4 210046681	11.53	071613		011413		4 210049275	3.03	102113	
4 210046724	10.25	071613		011413		4 210049284	6.00	102113	
4 210046891	3.46	072513		012313		4 210049516	20.00	102913	
4 210046918	12.23	072513		012413		4 210049557	270.00	110413	
4 210046920	65.42	072513		012413		4 210049700	12.00	110413	
4 210046930	7.00	072613		012413		4 210049888	49.00	111213	
4 210046936	1.81	072613		012413		4 210049890	1.94	111213	
4 210046937	1.07	072613		012413		4 210049935	10.00	111213	
4 210046947	9.82	072613		012413		4 210049954	8.21	111213	

EXPLANATION OF CODES

UNPAID ONLY - OUTSTANDING ITEMS ONLY ON THIS REPORT.
 PAID ONLY ITEMS - PAID ITEMS ONLY ON THIS REPORT.
 CONSOLIDATED - PAID & OUTSTANDING CHECKS ON SAME REPORT.

TYPE OF REPORT

1. CHECK PAID THIS PERIOD, NO WITHDRAWALS ISSUED RECEIVED.
 2. CHECK PAID PERIODS BEHIND-OUTSTANDING ITEMS STILL NOT
 3. STOP PAYMENT, MEMO ONLY, NOT PAID INTO TOTAL.
 4. STOP PAYMENT IN EFFECT, CHECK HAS NOT BEEN DEPOSITED.

EXPLANATION OF CODES

9. STOP PAYMENT IN EFFECT, CHECK PREPARED AND RETURNED.
 0. FORCED ITEM DEPOSITED.
 1. STOP PAYMENT, MEMO ONLY, NOT PAID INTO TOTAL.
 2. CANCELLED PRINTING PERIOD, OUTSTANDING ITEMS STILL NOT
 3. 3 YEAR DISCOUNT RESTRICTION EXPIRES.
 4. **BANKING ACCOUNT ONLY** CHECKS OUTSTANDING FOR THIS PERIOD.

RECEIVED, MEMO ONLY, NOT PAID INTO TOTAL.

Consolidated Report

TYPE OF REPORT		CUSTOMER RECONCILIATION REPORT										DATE	PAGE	
CONSOLIDATED		DIV. NO	CUS. A/C NO	CHECK NUMBER	CHECK AMOUNT PAID O/S	DATE PAID	REFERENCE NUMBER	DATE ISSUED	DESCRIPTION COMMENTS	CHECK AMOUNT PAID O/S	DATE PAID	REFERENCE NUMBER	DATE ISSUED	DESCRIPTION COMMENTS
		487	0	008	6.00	032014	932014	032014		6.00	042114	5792056598	010614	
4	210053761	2.22	032014	091813	6.00	042114	932014	032014		6.00	042114	5792056598	010614	
4	210054025	17.00	040114	093013	17.00	040114	933013	033013		17.00	040114	5792056598	010614	
4	210054059	225.00	102813	093013	225.00	102813	093013	033013		225.00	102813	5792056598	010614	
4	210054090	256.15	040114	093013	256.15	040114	093013	033013		256.15	040114	5792056598	010614	
4	210054137	25.00	040314	100213	25.00	040314	100213	020213		25.00	040314	5792056598	010614	
4	210054179	39.97	040414	100313	39.97	040414	100313	030313		39.97	040414	5792056598	010614	
4	210054246	127.50	101513	100413	127.50	101513	100413	040413		127.50	101513	5792056598	010614	
4	210054273	51.23	040714	100413	51.23	040714	100413	040413		51.23	040714	5792056598	010614	
4	210054470	6.00	041614	101513	6.00	041614	101513	041513		6.00	041614	5792056598	010614	
4	210054487	1.46	042214	102113	1.46	042214	102113	012113		1.46	042214	5792056598	010614	
4	210054557	10.19	042214	102113	10.19	042214	102113	012113		10.19	042214	5792056598	010614	
4	210054696	159.08	040714	102113	159.08	040714	102113	040714		159.08	040714	5792056598	010614	
4	210054736	11.00	040714	102813	11.00	040714	102813	040714		11.00	040714	5792056598	010614	
4	210054858	1.74	040714	102813	1.74	040714	102813	040714		1.74	040714	5792056598	010614	
4	210054877	11.54	040714	102813	11.54	040714	102813	040714		11.54	040714	5792056598	010614	
4	210054882	5.00	040714	102813	5.00	040714	102813	040714		5.00	040714	5792056598	010614	
4	210054888	109.43	040714	102813	109.43	040714	102813	040714		109.43	040714	5792056598	010614	
4	210054911	15.00	112513	110113	15.00	112513	110113	110113		15.00	112513	5792056598	010614	
4	210055022	350.00	112513	110113	350.00	112513	110113	110113		350.00	112513	5792056598	010614	
4	210055023	6.00	112513	110113	6.00	112513	110113	110113		6.00	112513	5792056598	010614	
4	210055048	77.00	112513	110113	77.00	112513	110113	110113		77.00	112513	5792056598	010614	
4	210055102	6.00	040714	110413	6.00	040714	110413	040714		6.00	040714	5792056598	010614	
4	210055207	39.97	040714	110613	39.97	040714	110613	040714		39.97	040714	5792056598	010614	
4	210055339	12.50	112513	111213	12.50	112513	111213	111213		12.50	112513	5792056598	010614	
4	210055351	3.21	112513	111213	3.21	112513	111213	111213		3.21	112513	5792056598	010614	
4	210055362	509.55	040714	111213	509.55	040714	111213	040714		509.55	040714	5792056598	010614	
4	210055412	17.31	112513	111413	17.31	112513	111413	111413		17.31	112513	5792056598	010614	
4	210055446	5.78	112513	111513	5.78	112513	111513	111513		5.78	112513	5792056598	010614	
4	210055498	100.00	112513	111513	100.00	112513	111513	111513		100.00	112513	5792056598	010614	
4	210055527	3.46	112513	111913	3.46	112513	111913	111913		3.46	112513	5792056598	010614	
4	210055597	21.82	112513	111913	21.82	112513	111913	111913		21.82	112513	5792056598	010614	
4	210055600	6.00	112513	112013	6.00	112513	112013	112013		6.00	112513	5792056598	010614	
4	210055616	22.92	040714	113013	22.92	040714	113013	040714		22.92	040714	5792056598	010614	
4	210055783	6.00	113013	113013	6.00	113013	113013	113013		6.00	113013	5792056598	010614	
4	210055844	204.50	113013	120213	204.50	113013	120213	120213		204.50	113013	5792056598	010614	
4	210055883	2.97	113013	120213	2.97	113013	120213	120213		2.97	113013	5792056598	010614	
4	210055922	15.03	113013	120313	15.03	113013	120313	120313		15.03	113013	5792056598	010614	
4	210055984	75.00	120413	120313	75.00	120413	120313	120313		75.00	120413	5792056598	010614	
4	210056009	4.50	120413	120513	4.50	120413	120513	120513		4.50	120413	5792056598	010614	
4	210056067	11.79	040714	120513	11.79	040714	120513	040714		11.79	040714	5792056598	010614	
4	210056072	39.97	040714	120513	39.97	040714	120513	040714		39.97	040714	5792056598	010614	
4	210056073	10.00	120513	120513	10.00	120513	120513	120513		10.00	120513	5792056598	010614	
4	210056074	28.50	120513	120513	28.50	120513	120513	120513		28.50	120513	5792056598	010614	

Sample C-4a (page 2 of 3)

New York State Office of Temporary and Disability Assistance

Outstanding Settlement Report

BANK NO.	0000487	TEAM NO.	000	OUTSTANDING SETTLEMENT REPORT
ACCOUNT NO.				COUNTY SUPPORT
PREVIOUS OUTSTANDING			37,994.79	
+ NEW ISSUES			104,602.16	
+ PAID-NO-ISSUES			.00	
+ STOPS REMOVED			.00	
- STOP PAYMENTS			415.60	
- CANCELLATIONS			3,508.97	
- PREV PNI ISSUE RECVD			.00	
- PREV STOP ISSUE RECVD			.00	
- PREV CANCEL ISS RECVD			.00	
- PAID CHECKS			107,933.46	
- PREV O/S DELETED			.00	
NEW OUTSTANDING			30,738.92	

Sample C-4b

Paid Only Report

CUSTOMER RECONCILIATION REPORT

TYPE OF REPORT		CUST. A/C NO		CUSTOMER NAME		DATE		PAGE			
PAID ONLY		487				04-25-14		1			
CHECK NUMBER	CHECK AMOUNT PAID O/S	DATE PAID	REFERENCE NUMBER	DATE ISSUED	DESCRIPTION COMMENTS	CHECK NUMBER	CHECK AMOUNT PAID O/S	DATE PAID	REFERENCE NUMBER	DATE ISSUED	DESCRIPTION COMMENTS
210054730	159.88	040714	9392532770	1012113		210058899	69.00	033114	4492301216	031114	
210054761	5.76	042514	4792713988	112613		210058929	12.45	033114	4492098440	031114	
210056073	39.97	040714	9392532771	1120513		210058936	82.84	040714	5792228580	030314	
210056659	155.00	041414	4892858754	1122613		210058939	16.84	041414	8892460197	031414	
210056950	14.93	040714	5792055598	1016114		210058945	12.00	040914	4152881222	031414	
210057159	218.00	040714	5592522959	1011114		210058952	248.00	040714	5592522959	031414	
210057916	14.00	040314	8592919731	1021214		210058953	12.45	040114	4792057148	031414	
210058122	24.00	040414	5392311654	021314		210058954	12.00	040314	5192784144	030314	
210058219	14.93	040714	5792056596	1018114		210058961	1.62	033114	9626389540	031414	
210058333	99.00	041414	4892858753	1022114		210058973	140.00	033114	9592813787	031414	
210058480	1.25	041414	4892784350	022614		210058991	25.00	040714	5592801799	031414	
210058482	34.80	042314	4892858752	022614		210059028	12.50	040914	4492889122	030314	
210058508	36.00	040114	4792240377	022814		210059042	42.00	040214	0852673013	031714	
210058510	332.71	040714	5792056594	022814		210059046	84.00	040414	0992283319	031714	
210058512	50.00	040314	8692007383	022614		210059072	90.00	040714	9292319254	031714	
210058520	72.00	040214	5092053981	022814		210059073	34.00	040814	8142985620	031814	
210058522	288.25	040414	5392910823	030314		210059079	284.88	040914	4192881238	03031814	
210058594	14.93	040714	5792056597	030314		210059081	70.00	033114	8592656099	031814	
210058599	248.00	040714	5592522959	030314		210059082	124.00	041414	4592478587	031814	
210058639	85.70	040914	8092884493	030414		210059095	49.00	040314	8592656099	031814	
210058649	3.00	042114	5892959053	030414		210059112	86.85	033114	3292953010	031814	
210058655	5.00	040914	0492562395	030414		210059116	22.92	033114	1092210650	031914	
210058660	25.00	040714	5592061919	030414		210059118	93.46	040714	5792286262	031914	
210058670	42.00	040114	0992283321	030414		210059121	23.00	040314	5092923310	031914	
210058680	284.70	040114	4392916689	030414		210059128	36.00	033114	4492301252	031914	
210058707	3.00	040314	5192554492	030514		210059133	26.00	040314	5192228167	031914	
210058725	25.00	040914	0492562395	030614		210059135	50.00	033114	9692066884	031914	
210058730	25.00	040314	5192145001	030614		210059140	29.77	040114	8192071570	032014	
210058738	82.84	040714	5792285811	030714		210059151	16.57	033114	4292802310	032014	
210058741	72.00	040914	5092559552	030714		210059156	5.77	042414	4592652651	032014	
210058765	62.00	041414	8392557875	030714		210059158	30.44	040314	0492258186	032014	
210058774	49.98	041414	0892281260	030714		210059164	180.00	040414	8792920383	032114	
210058825	72.00	040114	4792240375	031014		210059169	82.84	040714	5792285810	032114	
210058826	11.53	040914	4192881240	031014		210059176	44.00	033114	4292805293	032114	
210058832	11.53	040914	0992283322	031014		210059179	12.00	040214	4892829480	032114	
210058852	42.00	040414	0992283322	031014		210059192	200.00	040814	8142985620	032114	
210058864	48.05	040814	5992164228	031014							
210058872	200.00	040314	0492258204	031014							
210058876	12.14	042314	4392439450	031014							
210058882	34.00	040814	8142985360	031114							
210058892	66.00	042114	8392603549	031114							
210058907	272.00	042314	4592314484	031114							

EXPLANATION OF CODES

- CHECK PAID THIS PERIOD; NO OUTSTANDING ISSUES REMAINDER.
- CURRENT ITEM CANCELLED THIS PERIOD.
- CHECK PAID PREVIOUS PERIOD/OUTSTANDING ISSUES STILL NOT RECEIVED. AMOUNT ONLY; NOT PAID THIS PERIOD.
- STOP PAYMENT IS EFFECTIVE; CHECKER HAS NOT BEEN PRESENTED.
- CHECK PAID THIS PERIOD; NO OUTSTANDING ISSUES REMAINDER.
- 1 YEAR PERIOD EXTENSION EXP. DATE.
- FORCED ITEM CANCELLED.
- CURRENT ITEM CANCELLED; NO OUTSTANDING ISSUES REMAINDER.
- CANCELLED PREVIOUS PERIOD. OUTSTANDING ISSUES STILL NOT RECEIVED. AMOUNT ONLY; NOT PAID THIS PERIOD.
- FOR THIS PERIOD.

Stop Report

CUSTOMER RECONCILIATION REPORT

TYPE OF REPORT		CUSTOMER NAME		DATE	PAGE
STOP REPORT		COUNTY SUPPORT		04-25-14	1
CHECK NUMBER	CHECK AMOUNT PAID C/S	DATE PAID	REFERENCE NUMBER	DATE ISSUED	DESCRIPTION COMMENTS
4 210029134	100.00	052711	4 210047223	040811	
4 210032790	95.00	100411	4 210047262	092911	
4 210033814	23.74	020312	4 210047276	010912	
4 210036506	58.00	021612	4 210047296	013112	
4 210037106	189.58	101612	4 210047332	091812	
4 210041659	33.50	050613	4 210047407	110212	
4 210044877	6.00	050713	4 210047438	110512	
4 210044899	190.00	050913	4 210047551	110712	
4 210044962	3.00	051013	4 210047707	110812	
4 210045013	70.00	051313	4 210047715	110912	
4 210045047	1.00	051613	4 210047731	111412	
4 210045139	1.27	052613	4 210047928	031612	
4 210045187	41.52	052113	4 210048022	111912	
4 210045258	19.24	052213	4 210048181	112012	
4 210045316	1.15	052213	4 210048352	112012	
4 210045336	67.49	052213	4 210048365	112012	
4 210045341	123.00	061313	4 210048457	121212	
4 210045386	21.00	061713	4 210048485	121412	
4 210045902	35.12	061713	4 210048523	121412	
4 210045981	28.00	061813	4 210048544	121812	
4 210046040	11.54	061913	4 210048545	121812	
4 210046051	21.00	062413	4 210048548	122112	
4 210046113	50.00	062413	4 210048558	122112	
4 210046133	2.86	062513	4 210048670	122412	
4 210046180	20.08	062513	4 210048620	122412	
4 210046452	4.06	070913	4 210048702	122612	
4 210046492	3.46	062713	4 210048827	122812	
4 210046518	6.65	070113	4 210048983	010213	
4 210046559	32.15	070513	4 210049110	010413	
4 210046681	21.00	070813	4 210049144	010713	
4 210046807	4.06	070913	4 210049179	010713	
4 210046858	34.62	071213	4 210049248	010813	
4 210046881	11.53	071613	4 210049250	011013	
4 210046724	10.25	071613	4 210049275	011413	
4 210046772	3.46	072513	4 210049284	011413	
4 210046891	12.23	072613	4 210049317	011513	
4 210046918	65.42	072613	4 210049516	012313	
4 210046920	7.00	072613	4 210049567	012413	
4 210046930	1.81	072613	4 210049657	012413	
4 210046936	1.07	072613	4 210049700	012413	
4 210046937	9.97	072613			
4 210046947					

UNPAID ONLY - OUTSTANDING ITEMS ONLY ON THIS REPORT.
 RECEIVED - MEMO ONLY, NOT ADDED INTO TOTALS.
 CONSOLIDATED - PAID & OUTSTANDING CHECKS OF SAME GROUP.
 TYPE OF REPORT

1. CHECK PAID THIS PERIOD; NO OUTSTANDING ITEMS RECEIVED.
 2. CHECK PAID PREVIOUS PERIOD; OUTSTANDING ITEMS RECEIVED.
 3. CHECK PAID PREVIOUS PERIOD; OUTSTANDING ITEMS RECEIVED; RECEIVED, MEMO ONLY, NOT ADDED INTO TOTALS.
 4. STOP PAYMENT IN EFFECT; CHECK HAS NOT BEEN PRESENTED.

EXPLANATION OF CODES

5. STOP PAYMENT IN EFFECT; CHECK PRESENTED AND RETURNED.
 6. CHECK ITEM RECALCULATED.
 7. CHECK ITEM CANCELLED; NO OUTSTANDING ITEMS RECEIVED.
 8. CANCELLED PREVIOUS PERIOD; OUTSTANDING ITEMS STILL NOT RECEIVED.
 9. 1 YEAR EXPIRED RETENTION PERIOD.

*** PLEASE ACCOUNT CHECKS OUTSTANDING FOR THIS PERIOD.

Stop Report

CUSTOMER RECONCILIATION REPORT

TYPE OF REPORT		CUSTOMER NAME		DATE		PAGE	
STOP REPORT		SUPPORT		04-25-14		3	
CHECK NUMBER	CHECK AMOUNT PAID O/S	DATE PAID	REFERENCE NUMBER	DATE ISSUED	DESCRIPTION COMMENTS	DATE PAID	REFERENCE NUMBER
4 210053761	2.22	032014		031813			
4 210054025	17.00	040114		033013			
4 210054059	225.00	102813		033013			
4 210054090	256.15	040114		033013			
4 210054137	25.00	040314		030213			
4 210054179	39.97	040414		030313			
4 210054246	127.50	101513		030413			
4 210054273	51.23	040714		030413			
4 210054470	6.00	041614		015113			
4 210054657	1.46	042214		021113			
4 210054696	10.19	042214		021113			
4 210055092	250.00	112513		011413			
4 210055412	17.31	112513		011413			
4 210056409	8.76	020614		021613			
TOTAL	1,609.23	2167					

EXPLANATION OF CODES

- 1. CHECK PAID THIS PERIOD; NO OUTSTANDING ISSUES RECEIVED.
- 2. CURRENT ITEM CANCELLED THIS PERIOD.
- 3. CHECK PAID PREVIOUS PERIOD; OUTSTANDING ISSUES STILL NOT
- 4. STOP PAYMENT IN EFFECT; CHECK HAS NOT BEEN PRESENTED.
- 5. STOP PAYMENT IN EFFECT; CHECK PRESENTED AND RETURNED.
- 6. FORCED ITEM UNPAID/NOT PAID.
- 7. CURRENT ITEM CANCELLED; NO OUTSTANDING ISSUES RECEIVED.
- 8. CANCELLED SERVICE PERIOD; OUTSTANDING ITEMS STILL NOT
- 9. 3 YEAR EXPIRED RETURNED UNPAID.
- 10. RECEIVED MEMO ONLY, NOT ADDED INTO TOTAL.
- 11. **BANK ACCOUNT ONLY** CHECKS OUTSTANDING FOR THIS PERIOD.

Sample C-4d (page 2 of 2)

Account Reconciliation Report

Previous Day All Data Summary and Detail with Text Report

Company: New York State OTDA
 Requestor :
 Run Date: 08/05/2014 16:58:29 EDT
 As of: 04/25/2014

County Support Unit | USD | As of: 04/25/2014

Summary Balances

Transaction	Amount
Opening Ledger Balance (010)	216,663.57
Closing Ledger Balance (015)	219,100.97
Average Closing Ledger MTD (020)	221,383.37
Opening Avail Balance (040)	219,100.97
Collected/Closing Avail Bal (045)	219,100.97
Average Collected Balance MTD (050)	221,383.37
1 Day Float (072)	0.00
Float Adjustment (073)	0.00
2 or More Days Float (074)	0.00
3 or More Days Float (075)	0.00
4 Day Float (079)	0.00
5 Day Float (080)	0.00
6 Day Float (081)	0.00

Summary Totals

Transaction	Amount	0 Day	1 Day Float	2+ Day Float	Count
Total Credits (100)	14,524.85	0.00	0.00	0.00	2
Total ACH Credits (140)	14,524.85				2
Total Debits (400)	12,087.45				59
Total ACH Debits (450)	5,162.69				3
Total Checks Paid Debit (470)	6,924.76				56

Sample C-5 (page 1 of 3)

Account Reconciliation Report

Detail Credits						
Transaction	Amount	0 Day	1 Day Float	2+ Day Float	Bank Ref	Cust Ref
Preauthorized ACH Credit (165)	13,895.73				900614010263720	00000000000 0
<div style="border: 1px solid black; padding: 2px;"> Text: NYS CHILD SUPPOR DES:END OF DAY ID:21 INDN: </div>						
Preauthorized ACH Credit (165)	629.12				900614007982077	00000000000 0
<div style="border: 1px solid black; padding: 2px;"> Text: NYS DOL UI DES:CSUP-UI ID:043 INDN: </div>						
Credit Totals	14,524.85					
Detail Debits						
Transaction	Amount	Bank Ref	Cust Ref			
ACH Settlement Debit (466)	4,843.31	900615001771594	00000000000			
<div style="border: 1px solid black; padding: 2px;"> Text: COUNTY DES:CH SUP DEP FL# 14114000953 INDN:SETT- CCD </div>						
ACH Settlement Debit (466)	314.78	900615003989304	00000000000			
<div style="border: 1px solid black; padding: 2px;"> Text: COUNTY DES:NY36043 FL# 14115000855 INDN:SETT- CCD </div>						
ACH Settlement Debit (466)	4.60	900615001771652	00000000000			
<div style="border: 1px solid black; padding: 2px;"> Text: COUNTY DES:NY36043 FL# 14114000954 INDN:SETT- CCD </div>						

Sample C-5 (page 2 of 3)

Account Reconciliation Report

Checks Paid Debit (475)	62.50	813004792550393	000210060138
Checks Paid Debit (475)	60.00	813004792507167	000000000072
Checks Paid Debit (475)	55.00	813000492259333	000210060252
Checks Paid Debit (475)	50.00	813004792507106	000210060159
Checks Paid Debit (475)	45.00	813009392422891	000210060097
Checks Paid Debit (475)	37.50	813004792508895	000210060139
Checks Paid Debit (475)	37.50	813004792508896	000210060216
Checks Paid Debit (475)	36.00	813004692844330	000210060266
Checks Paid Debit (475)	35.00	813004692655992	000210060154
Checks Paid Debit (475)	33.00	813009492361315	000210060047
Checks Paid Debit (475)	26.55	813009392092903	000210060200
Checks Paid Debit (475)	25.00	813009392422797	000210059904
Checks Paid Debit (475)	24.40	813009392422889	000210060234
Checks Paid Debit (475)	23.08	813000492258463	000210060226
Checks Paid Debit (475)	15.00	813009392422879	000210060186
Checks Paid Debit (475)	11.54	813004792507938	000210060171
Checks Paid Debit (475)	11.54	813004792509419	000210060204
Checks Paid Debit (475)	11.53	813004792507164	000210060010
Checks Paid Debit (475)	11.53	813004792507163	000210060246
Checks Paid Debit (475)	8.66	813009392399760	000210060278
Checks Paid Debit (475)	8.50	813004692859862	000210060272
Checks Paid Debit (475)	5.76	813004792713988	000210055761
Debit Totals	12,087.45		

Sample C-5 (page 3 of 3)

Verified Deposit Slip

Bank ACH R/T 021000322		Deposits are credited subject to verification and Bank of America's terms and conditions. Funds may not be available for immediate withdrawal. Items are credited subject to final payment.
Deposit Ref. Number Date	ENC	U.S. Dollars: Cents
AC 483016888885 NYS CHILD SUPPORT PROCESSING CENTER PO BOX 15038 ALBANY, NY 12212	Total Item Count <input type="text"/>	• • • • • • • • • •
	Total Deposit \$ <input type="text"/>	ENCODED CHECKS
⑈ 10042768 ⑈ ⑆ 540040054 ⑆		

Sample C-6

SAMPLE CUSTODIAL PARENT CHECK

HERKIMER SUPPORT COLLECTION UNIT

CHECK # 0604035068

NOT NEGOTIABLE

129 DELAWARE STREET

CARDINAL NY 15505-0000

RECEIPT DATE

AMOUNT

00/00/00	000000000.00
00/00/00	000000000.00
00/00/00	000000000.00
00/00/00	000000000.00

CHECK NUMBER: 0604035068

DATE: 11/15/2001

AMOUNT: 00000000100.00

RESPONDENT NAME: REFUND,
NINETYNINE

CLIENT NAME: GOTT, GLADYS

RESPONDENT SSN: 999-99-9999

ACCOUNT NUMBER: BE5205122

USDL:

FIPS: 136088

IMPORTANT

The enclosed check is only valid for 183 days. If you hold the check for more than 80 days before cashing it, the check may not clear the Chase Manhattan Bank account before the 183 days expire. If so, the check will not be paid and you may have to pay bank fees.

PLEASE CASH THE CHECK AS SOON AS POSSIBLE

↓ *To Remove Document Fold and Tear Along This Perforation* ↓

THIS MULT-LINE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREA BOTH TOP AND BOTTOM

HERKIMER SUPPORT COLLECTION UNIT

THE CHASE MANHATTAN
BANK
33 LAND STREET
NEW YORK, N.Y. 10041

1-2

129 DELAWARE STREET

CARDINAL

NY 15505-0000

DATE

11/15/2001

CHECK NO.

0604035068

310

78C555016

VOID AFTER 90 DAYS

CHECK AMOUNT



PAY



0

\$*****100.00

Sample C-7a (1 of 2)

SAMPLE SCU CHECK

ALBANY SUPPORT COLLECTION UNIT		CHECK # 009999999	
ONE WAY STREET		NOT NEGOTIABLE	
ALBANY	NY 12207-0000		
Payee Address:	HERKIMER COUNTY SCU		
	DAY, HAPPY		
	P.O.BOX 33333		
	ALBANY,	NY 12212-5310	
CHECK NUMBER	009999999		
DATE	11/15/2001	AMOUNT	0000000001.50

RECEIPT DATE	AMOUNT	USDL	
11/13/2001	0000000001.50	ACCOUNT NUMBER	BZO1209W2
00/00/00	0000000000.00	RESPONDENT SSN	000-99-0099
00/00/00	0000000000.00	RESPONDENT NAME	DAY, GREG
00/00/00	0000000000.00	FIPS	236085

THIS MULT-LINE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREA BOTH TOP AND BOTTOM

	DATE	CHECK NO.	1-2
ALBANY SUPPORT COLLECTION UNIT		11/15/2001	009999999
	THE CHASE MANHATTAN BANK 33 LAND STREET NEW YORK, N. Y. 10041		310
ONE WAY STREET			
ALBANY		78C555016	VOID AFTER 90 DAYS
NY 12207-0000			CHECK AMOUNT
	PAY 1	5	\$*****1.50

Sample C-7b (1 of 2)

SAMPLE SCU CHECK

ONLY

CL
S

PAY

ONE DOLLAR/FIFTY
CENTS*****

TO THE ORDER OF:

HERKIMER COUNTY SCU
DAY, HAPPY
P. O. BOX 33333
ALBANY
NY 12212-5310

ACCT# BZO1209W2

USDL



DIRECTOR

CHILD SUPPORT PROCESSING CENTER

||'090876563||' | 034000038:918707057||'

CHECK THE AMOUNT LINE CHARACTERS SHOULD BE OF VARYING SIZE AND SHAPE WITH THE NAME OF THE NUMBER CAPITALIZED INSIDE THE NUMBER IMAGE

Sample C-7b (2 of 2)

Monthly Analysis Statement

BANK

ANALYSIS STATEMENT

Member FDIC

PUBLIC FUNDS INT CKG-PREFERRE 01
BANK AND COST CENTER NUMBER 487

DATE PREPARED 07-03-14

MONTH ENDING 06-30-14

MONTHLY SETTLEMENT 06-30-14

SETTLEMENT & ACCOUNT TYPE INVOICE 570

OFFICER NUMBER XTKWR

PAGE 1 OF 2

BANK

COUNTY SUPPORT COLLECTION UNIT

ATTN:

CUSTOMER SERVICE: 1.866.

BALANCE SUMMARY
XXXXXXXXXXXXXXXXXXXX

EARNINGS CREDIT SUMMARY
XXXXXXXXXXXXXXXXXXXX

AVG POSITIVE LEDGER BALANCE	\$	2,779,653.60
<hr/>		
AVG LEDGER BALANCE		2,779,653.60
LESS AVG FLOAT		845.20
<hr/>		
AVG COLLECTED BALANCE		2,778,808.40
AVG NEGATIVE COLL BALANCE		.00
<hr/>		
AVG POSITIVE COLL BALANCE		2,778,808.40
LESS RESERVES 00%		.00
<hr/>		
AVAIL BAL FOR EARNINGS CREDIT		2,778,808.40
AVAILABLE BALANCE REQUIRED		1,842,882.70
<hr/>		
NET AVAILABLE BALANCE		935,925.70

AVAIL BAL FOR EARNINGS CREDIT	\$	2,778,808.40
<hr/>		
EARNINGS ON AVAILABLE BALANCE		1,210.49
LESS TOTAL SERVICE CHARGES		802.79
<hr/>		
EXCESS ALLOWANCE		407.70
<hr/>		
PERIOD TO DATE EXCESS ALLOWANCE		407.70
<hr/>		
CURRENT PERIOD SERVICE CHARGE	\$.00

CURRENT MONTH'S EARNINGS CREDIT RATE = 0.53%

CURRENT MONTH'S MULTIPLE = \$2,295.59

SERVICE	NUMBER OF UNITS	UNIT PRICE	SERVICE CHARGE	BALANCE REQUIRED
BALANCE RELATED SERVICES				
DEP INSURANCE-BANK ASSESSMENT	2,779,653		301.87	692,972.01
DEPOSITORY SERVICES				
ACCOUNT MAINTENANCE	1	.0000	.00	0.00
BANKING CENTER DEPOSIT	11	.0225	.25	573.90
GENERAL CHECKS PAID TRUNCATED	3,551	.0680	241.47	554,317.92
RETURNS-RECLEAR SERVICES	1	.0000	.00	0.00
CKS DEP UN-ENCODED ITEMS	4	.0225	.09	206.61
DEBITS POSTED-ELECTRONIC	5	.0080	.04	91.82
CREDITS POSTED-ELECTRONIC	56	.0080	.45	1,033.02
DEPOSIT ACCOUNT STATEMENTS	1	.0000	.00	0.00
COMMERCIAL DEPS-CASH VAULT				
CURR/COIN DEP/\$100-BKG CTR	10	.0225	.23	527.99

Monthly Analysis Statement

ANALYSIS STATEMENT				
BANK		Member FDIC		
BANK COUNTY SUPPORT COLLECTION UNIT ATTN:		PUBLIC FUNDS INT CKG-PREFERRE 01 BANK AND COST CENTER NUMBER 487		
		DATE PREPARED 07-03-14		
		MONTH ENDING 06-30-14		
		MONTHLY SETTLEMENT 06-30-14		
		SETTLEMENT & ACCOUNT TYPE INVOICE 570		
		OFFICER NUMBER XTKWR		
		PAGE 2 OF 2		
SERVICE	NUMBER OF UNITS	UNIT PRICE	SERVICE CHARGE	BALANCE REQUIRED
GENERAL ACH SERVICES				
ACH RETURN ITEM	2	.0000	.00	0.00
ACH OUTPUT-FILE	1	.0000	.00	0.00
ACH MONTHLY MAINTENANCE	3	.0000	.00	0.00
ACH INPUT-FILE	62	.0000	.00	0.00
ACH BLOCKS AUTH INSTRUCTIONS	2	.0000	.00	0.00
ACH BLOCKS AUTH MAINTENANCE	1	.0000	.00	0.00
ACH ORIGINATED ADDENDA	1,581	.0000	.00	0.00
DELETE/REVERSAL BATCH/FILE	1	.0000	.00	0.00
ACH STANDARD RPTS-ELECTRONIC	2	.0000	.00	0.00
ACH CONSUMER ON US CREDITS	409	.0080	3.27	7,506.60
ACH CONSUMER OFF US CREDITS	11,488	.0080	91.90	210,965.41
ACH CORPORATE ON US CREDITS	800	.0080	6.40	14,691.82
ACH CORPORATE OFF US CREDITS	781	.0080	6.25	14,347.49
ACH CREDIT RECEIVED ITEM	56	.0000	.00	0.00
ACH DEBIT RECEIVED ITEM	89	.0000	.00	0.00
WIRE TRANSFER				
ELEC WIRE OUT-DOMESTIC	1	3.0000	3.00	6,886.79
ACCOUNT RECONCILIATION				
ARP STALE TO STOP ITEM	44	1.0000	44.00	101,006.29
ARP FULL PPAY MAINT-PPR SUPP	1	.0000	.00	0.00
ARP FULL PPAY INPUT PER ITEM	3,766	.0275	103.57	237,755.03
ARP VOID CANCEL ITEMS	42	.0000	.00	0.00
ARP STALE DATE MAINT	2	.0000	.00	0.00
POSITIVE PAY EXCEPTIONS	2	.0000	.00	0.00
IMAGE				
IMAGE ARCHIVE-7 YEARS	3,379	.0000	.00	0.00
IMAGE MAINTENANCE CPO	1	.0000	.00	0.00
MISCELLANEOUS				
CHECK COPY	1	.0000	.00	0.00
CHECK CASHED-NON CUSTOMER	2	.0000	.00	0.00
NONRELATIONSHIP CUST CK CASHED	136	.0000	.00	0.00
			xxxxxxxxxx	xxxxxxxxxxxxxx
TOTAL SERVICE CHARGES			802.79	1,842,882.70

Sample C-8 (page 2 of 2)

Electronic File Formats

Table I

File Header Record Format – Record Type I							
Field	Position	Length	Data Element	Format	Mandatory Values	Inclusion Requirement	Data Element Description
1	01 to 01	1	Record Type Code	N	1	Mandatory	Identifies the record as a File Header Record.
2	02 to 03	2	Priority Code	N	01	Mandatory	Default value. May identify a file-handling priority at a future date.
3	04 to 13	10	Immediate Destination	N	bTTTTAAAC	Mandatory	Receiving ACH Operator's Routing Number. b = Blank TTTT = Federal Reserve Routing Symbol AAAA = ABA Institution Identifier C = Check digit
4	14 to 23	10	Immediate Origin	N	bTTTTAAAC	Mandatory	Employer bank's Routing Number. b = Blank TTTT = Federal Reserve Routing Symbol AAAA = ABA Institution Identifier C = Check digit
5	24 to 29	6	File Creation Date	Date		Mandatory	Date the file is created by the ODFI (YYMMDD).
6	30 to 33	4	File Creation Time	N		Optional	Time of day the file is created by the ODFI (HHMM).
7	34 to 34	1	File ID Modifier	A/N	A	Mandatory	Uniquely identifies a file when multiple files are created on the same date and between the same participants.
8	35 to 37	3	Record Size	N	084	Mandatory	Count of characters in each record.
9	38 to 39	2	Blocking Factor	N	10	Mandatory	Number of physical records within a block.
10	40 to 40	1	Format Code	N	1	Mandatory	Default value. May be used to identify format variations at a future date.
11	41 to 63	23	Immediate Destination Name	A/N	NYSCSPC	Optional	Name of the receiving point for which the file is destined.
12	64 to 86	23	Immediate Origin Name	A		Optional	Name of the ACH or receiving point sending the file.
13	87 to 94	8	Reference Code	A/N		Optional	Used to include information pertinent to the Originator.

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Electronic File Formats

Table 2

Company/Batch Header Record Format – Record Type 5

Field	Position	Length	Data Element	Format	Mandatory Values	Inclusion Requirement	Data Element Description
1	01 to 01	1	Record Type Code	N	5	Mandatory	Identifies the record as a Company/ Batch Header Record.
2	02 to 04	3	Service Class Code	N	200	Mandatory	Identifies the dollar type entries to be exchanged. The value must be "200."
3	05 to 20	16	Company Name	A/N		Mandatory	Identifies the employer by name.
4	21 to 40	20	Company Discretionary Data	A/N		Optional	Contains data meaningful to the employer. ¹
5	41 to 50	10	Company Identification	A/N	1NNNNNNNN	Mandatory	Number "1" followed by the employer's FEIN (Federal Employer Identification Number).
6	51 to 53	3	Standard Entry Class Code	A/N	CCD or CTX	Mandatory	Identifies the type of entry.
7	54 to 63	10	Company Entry Description	A/N		Mandatory	Describes the type of transaction. Example: CHISUPPORT
8	64 to 69	6	Company Descriptive Date	Date	YYMMDD ²	Optional	Meaningful date to the employer.
9	70 to 75	6	Effective Entry Date	Date	YYMMDD	Mandatory	Date on which the entries should settle. This date must be one or two days following the ACH processing date unless the file is originated by JP Morgan Chase, in which case the date must be one day following the ACH processing date.
10	76 to 78	3	Settlement Date	N		Mandatory	Julian date the ODFI is scheduled to be debited by the Federal Reserve. Inserted by the ACH Operator.
11	79 to 79	1	Originator Status Code	A/N	1	Mandatory	Identifies the ODFI as a financial institution bound by the ACH rules.
12	80 to 87	8	Originating DFI Identification	A/N	TTTTAAAA	Mandatory	Identifies the ODFI originating the entries. TTTT = Federal Reserve Routing Symbol AAAA = ABA Institution Identifier
13	88 to 94	7	Batch Number	N		Mandatory	Number assigned by the ODFI to identify the batch.

¹ If an employer uses a payroll processor to create and transmit EFT files, the processor should use this field to enter the employer's name and FEIN.

² Mandatory values if the optional field is used.

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Electronic File Formats

Table 3

CCD+ Entry Detail Record Format – Record Type 6

Field	Position	Length	Data Element	Format	Mandatory Values	Inclusion Requirement	Data Element Description
1	01 to 01	1	Record Type Code	N	6	Mandatory	Identifies the record as an Entry Detail Record.
2	02 to 03	2	Transaction Code	N	22	Mandatory	Identifies the credit as a deposit to a checking account.
3	04 to 11	8	Receiving DFI Identification	A/N	02100002	Mandatory	Identifies the RDFI receiving the entries. 0210 = Federal Reserve Routing Symbol 0002 = ABA Institution Identifier
4	12 to 12	1	Check Digit	N	1	Mandatory	Ninth digit of the RDFI's Routing Number. Validates the number to insure it was not altered during transmission.
5	13 to 29	17	DFI Account Number	A/N	618725032	Mandatory	NYSCSPC Bank Account Number.
6	30 to 39	10	Amount	Currency		Mandatory	Dollar amount of the employee's child support obligation. \$0 must not be entered unless the record is serving as a pre-rote.
7	40 to 54	15	Identification Number	A/N		Optional	Number meaningful to the employer for tracing purposes.
8	55 to 76	22	Receiving Company Name	A/N		Mandatory	Name of the County SCU to which the employer/state makes payments.
9	77 to 78	2	Discretionary Data	A/N		Optional	Codes significant to the ODFI.
10	79 to 79	1	Addenda Record Indicator	N	1	Mandatory	Indicates the existence of an Addenda Record.
11	80 to 94	15	Trace Number	N		Mandatory	Number that uniquely identifies the entry. 80 to 87: Routing Number of the ODFI 88 to 94: Entry Detail Sequence Number - assigned in ascending order to entries within each batch.

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Electronic File Formats

Table 4

CCD+ Addenda Record Format – Record Type 7

Field	Position	Length	Data Element	Format	Mandatory Values	Inclusion Requirement	Data Element Description
1	01 to 01	1	Record Type Code	N	7	Mandatory	Identifies the record as an Addenda Record.
2	02 to 03	2	Addenda Type Code	N	05	Mandatory	Associates the record with its Entry Detail Record.
3	04 to 83	80	DED Segment	AN		Mandatory	Contains payment information corresponding to the child support account.
DED Segment begins.							
		3/3	Segment Identifier	ID	DED	Mandatory	Indicates the beginning of the DED Segment
		1	Delimiter	A	*	Mandatory	
DED01		2/2	Application Identifier	ID	CS	Mandatory	Indicates the type of deduction being withheld from an employee's paycheck.
		1	Delimiter	A	*	Mandatory	
DED02		1/20	Case Identifier	AN	AA>NNNNN	Mandatory	Contains the non-custodial parent's child support account number.
		1	Delimiter	A	*	Mandatory	
DED03		6/6	Pay Date	DT	YYMMDD	Mandatory	Provides the date income was withheld from an employee's paycheck.
		1	Delimiter	A	*	Mandatory	
DED04		1/10	Payment Amount	N2		Mandatory	Provides the amount withheld from the employee's paycheck for the pay period. Must not be \$0 unless the Employment Terminator Indicator has a value of "Y."
		1	Delimiter	A	*	Mandatory	
DED05		9/9	NCP Social Security Number	AN	NNNNNNNN	Mandatory	Provides the non-custodial parent's Social Security Number.
		1	Delimiter	A	*	Mandatory	
DED06		1/1	Medical Support Indicator	AN	Y or N	Mandatory	Indicates whether the employer offers family medical insurance coverage.
		1	Delimiter	A	*	Mandatory	
DED07		1/10	NCP Name	AN		Mandatory	Contains the first seven letters of the non-custodial parent's last name, followed by the first three letters of his/her name.
		1	Delimiter	A	*	Mandatory	
DED08		5/7	FIPS Code	AN	NNNNNN	Optional	Contains the FIPS Code of the county to whom the payor remits payments.
		1	Delimiter	A	*	Mandatory	
DED09		1/1	Employment Termination Indicator	AN	Y	Optional ¹	Contains a value of "Y" if the employee has terminated employment.
		1	Segment Terminator	A	^	Mandatory	
DED Segment terminates.							
4	84 to 87	4	Addenda Sequence Number	N		Mandatory	Number consecutively assigned to each Addenda Record following the Entry Detail Record. The first Addenda Sequence Number must always be 0001.
5	88 to 94	7	Entry Detail Sequence Number	N			Contains the ascending sequence number section of the Entry Detail Record's Trace Number. The number is the same as the last seven digits of the Trace Number contained in the related Entry Detail Record.

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Electronic File Formats

¹ The omission of an optional element is noted by the placement of an asterisk in the place of that element. If an optional data element is the last data element in a segment and that field is not being used, the preceding asterisk is replaced by a backslash.

Table 5

CCD+ Addenda Record Format – Record Type 8

Field	Position	Length	Data Element	Format	Mandatory Values	Inclusion Requirement	Data Element Description
1	01 to 01	1	Record Type Code	N	8	Mandatory	Identifies the record as a Company/ Batch Control Record. The value must be '8.'
2	02 to 04	3	Service Class Code	N	200	Mandatory	Identifies the dollar type entries to be exchanged. The value must match the value in the corresponding field of the Company/Batch Header Record.
3	05 to 10	6	Entry/Addenda Count	N		Mandatory	Number of Entry Detail and Addenda Records in the batch.
4	11 to 20	10	Entry Hash	N		Mandatory	Arithmetic sum of the Receiving DFI Identification fields in Entry Detail Records in the batch. If the sum is more than ten digits, the entry is the last ten digits of the sum.
5	21 to 32	12	Total Debit Amount	Currency	000000000000	Mandatory	Must be blank. The NYSCSPC does not accept ACH debits.
6	33 to 44	12	Total Credit Amount	Currency		Mandatory	Accumulated Entry Detail Record credit totals.
7	45 to 54	10	Company Identification	A/N	1NNNNNNNN	Mandatory	The number "1" followed by the employer's EIN (IRS Employer Identification Number).
8	55 to 73	19	Message Authentication Code	A/N		Optional	Validates the authenticity of ACH entries using the DES algorithm.
9	74 to 79	6	Reserved	Blank		N/A	Reserved for future use by the ACH.
10	80 to 87	8	Originating DFI Identification	A/N	TTTTAAAA	Mandatory	Identifies the ODFI originating the entries. TTTT = Federal Reserve Routing Symbol AAAA = ABA Institution Identifier
11	88 to 94	7	Batch Number	N		Mandatory	Number assigned by the ODFI to identify the batch.

Table 6

File Control Record Format – Record Type 9

Field	Position	Length	Data Element	Format	Mandatory Values	Inclusion Requirement	Data Element Description
1	01 to 01	1	Record Type Code	N	9	Mandatory	Identifies the record as a File Control Record.
2	02 to 07	6	Batch Count	N		Mandatory	Number of Company/Batch Header records in the file.
3	08 to 13	6	Block Count	N		Mandatory	Number of physical blocks in the file.
4	14 to 21	8	Entry/Addenda Count	N		Mandatory	Number of Entry Detail and Addenda Records in the file.
5	22 to 31	10	Entry Hash	N		Mandatory	Sum of the corresponding fields in the Company/Batch Control Records.
6	32 to 43	12	Total Debit	Currency	000000000000	Mandatory	Must be blank. The NYSCSPC does not accept ACH debits.
7	44 to 55	12	Total Credit	Currency		Mandatory	Accumulated Company/Batch Control Record credit totals.
8	56 to 94	39	Reserved	N/A		N/A	Reserved for future use by the ACH

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Electronic File Formats

Table 7

CTX Entry Detail Record Format – Record Type 6

Field	Position	Length	Data Element	Format	Mandatory Values	Inclusion Requirement	Data Element Description
1	01 to 01	1	Record Type Code	N	6	Mandatory	Identifies the record as an Entry Detail Record.
2	02 to 03	2	Transaction Code	N	22	Mandatory	Identifies the credit as a deposit to a checking account.
3	04 to 11	8	Receiving DFI Identification	A/N	02100002	Mandatory	Identifies the RDFI receiving the entries. 0210 = Federal Reserve Routing Symbol 0002 = ABA Institution Identifier
4	12 to 12	1	Check Digit	N	1	Mandatory	Ninth digit of the RDFI's Routing and Transit Number. Validates the number to insure it was not altered during transmission.
5	13 to 29	17	DFI Account Number	A/N	618725032	Mandatory	NYSCSPC Bank Account Number.
6	30 to 39	10	Amount	Currency		Mandatory	Dollar amount of the employee's child support obligation. \$0 must not be entered unless the record is serving as a pre-note.
7	40 to 54	15	Identification Number	A/N		Optional	Number meaningful to the employer for tracing purposes.
8	55 to 58	4	Number of addenda records	N		Mandatory	Count of Addenda Records associated with the Entry Detail Record.
9	59 to 74	16	Receiving Company Name	A/N		Mandatory	Name of the County SCU to which the employer/state makes payments. For multi-county payments, NYSCSPC is entered.
10	75 to 76	2	Reserved	Blank	Bb	N/A	Reserved for future ACH use.
11	77 to 78	2	Discretionary Data	A/N		Optional	Codes significant to the ODFL.
12	79 to 79	1	Addenda Record Indicator	N	1	Mandatory	Indicates the existence of an Addenda Record.
13	80 to 94	15	Trace Number	N		Mandatory	Number that uniquely identifies the entry. 80 to 87: Routing Number of the ODFI 88 to 94: Entry Detail Sequence Number - assigned in ascending order to entries within each batch.

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Electronic File Formats

Table 8

CTX Addenda Record Format – Record Type 7							
Field	Position	Length	Data Element	Format	Mandatory Values	Inclusion Requirement	Data Element Description
1	01 to 01	1	Record Type Code	N	7	Mandatory	Identifies the record as an Addenda Record.
2	02 to 03	2	Addenda Type Code	N	05	Mandatory	Associates the record with its Entry Detail Record.
3	04 to 83	80	A820 Transaction Set	A/N	See Attachment II	Mandatory	Contains payment information corresponding to the child support account.
4	84 to 87	4	Addenda Sequence Number	N		Mandatory	Number consecutively assigned to each Addenda Record following the Entry Detail Record. The first Addenda Sequence Number must always be 0001.
5	88 to 94	7	Entry Detail Sequence Number	N			Contains the ascending sequence number section of the Entry Detail Record's Trace Number. The number is the same as the last seven digits of the Trace Number contained in the related Entry Detail Record.

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Electronic File Formats

Table 9

A820 Transaction Set		Data Element	Inclusion Requirement	Mandatory Values	
Field	Field Length				
	3/3	Segment name	Mandatory	ISA	Identifies the segment.
	1/1	Data Element Separator	Mandatory	*	
ISA01	2/2	Authorization Information Qualifier	Mandatory		Identifies the type of information in the Authorization Information field.
	1/1	Data Element Separator	Mandatory	*	
ISA02	10/10	Authorization Information Separator	Mandatory		Provides additional identification of the sender or data in the interchange.
	1/1	Data Element Separator	Mandatory	*	
ISA03	2/2	Security Information Qualifier	Mandatory		Identifies the type of information in the Security Information field.
	1/1	Data Element Separator	Mandatory	*	
ISA04	10/10	Security Information Separator	Mandatory		Provides security information about the sender or the data in the interchange.
	1/1	Data Element Separator	Mandatory	*	
ISA05	2/2	Interchange ID Qualifier	Mandatory		Provides the system/method of code structure used to designate the Sender or Receiver ID element being qualified.
	1/1	Data Element Separator	Mandatory	*	
ISA06	15/15	Interchange Sender ID	Mandatory		Provides the code published by the Sender for parties to use as the Receiver ID to route data.
	1/1	Data Element Separator	Mandatory	*	
ISA07	2/2	Interchange ID Qualifier	Mandatory		Designates the system/method of code structure used to designate the Sender or Receiver ID element being qualified.
	1/1	Data Element Separator	Mandatory	*	
ISA08	15/15	Interchange Receiver ID	Mandatory		Code published by the Receiver to identify the Sender.
	1/1	Data Element Separator	Mandatory	*	
ISA09	8/8	Interchange Date	Mandatory		Indicates the date of the interchange.
	1/1	Data Element Separator	Mandatory	*	
ISA10	4/4	Interchange Time	Mandatory		Indicates the time of the interchange. Hours = 00 to 24.
	1/1	Data Element Separator	Mandatory	*	
ISA11	1/1	Interface Control Standards Identifier	Mandatory		Identifies the agency responsible for the control standard applied to the message enclosed by the Interchange Header (ISA) and Trailer (IEA).
	1/1	Data Element Separator	Mandatory	*	
ISA12	5/5	Interchange Version Control Number	Mandatory		Version number of the interchange control segments.
	1/1	Data Element Separator	Mandatory	*	
ISA13	9/9	Interchange Control Number	Mandatory		With the Sender ID, this number uniquely identifies the interchange data to the receiver. This number must be the same as the value in IES02.

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Electronic File Formats

Table 9

A820 Transaction Set					
	1/1	Data Element Separator	Mandatory	*	
ISA14	1/1	Acknowledgment Requested	Mandatory		Used by the sender to request an interchange acknowledgment.
	1/1	Data Element Separator	Mandatory	*	
ISA15	1/1	Test Indicator	Mandatory		Indicates if the data in the interchange is test or production.
	1/1	Data Element Separator	Mandatory	*	
ISA16	1/1	Sub-element Separator	Mandatory		Reserved for future expansion.
	1/1	Segment Separator	Mandatory		
	2/2	Segment Name	Mandatory	GS	
	1/1	Data Element Separator	Mandatory	*	
GS01	2/2	Functional Identifier Code	Mandatory		Identifies a group of application related transaction sets. For the 820 Payment Order/Remittance Advice, the value is "PA".
	1/1	Data Element Separator	Mandatory	*	
GS02	2/15	Application Senders Code	Mandatory		Identifies the Sender.
	1/1	Data Element Separator	Mandatory	*	
GS03	2/15	Application Receivers Code	Mandatory		Identifies the Receiver.
	1/1	Data Element Separator	Mandatory	*	
GS04	6/6	Date	Mandatory		YYMMDD
	1/1	Data Element Separator	Mandatory	*	
GS05	4/6	Time	Mandatory		HMMSS. H = 00-24. SS is optional.
	1/1	Data Element Separator	Mandatory	*	
GS06	1/9	Group Control Number	Mandatory		Number assigned and maintained by the Sender, must be identical to the number in GE02.
	1/1	Data Element Separator	Mandatory	*	
GS07	1/2	Responsible Agency code	Mandatory		Used with GS03 to identify the issuer of the standard.
	1/1	Data Element Separator	Mandatory	*	
GS08	1/12	Version/Release/ Industry Identifier Code	Mandatory		Indicates the version, release, sub-release and industry identifier of the EDI standard being used. Positions 1-3 designate the Version Number; Positions 4-6 designate the Release and Sub-release level of the version; Positions 7-12 designate the Industry or Trade Association ID.
	1/1	Segment Separator	Mandatory	*	
	2/2	Segment Name	Mandatory	ST	Identifies the segment.
ST01	3/3	Transaction Set Identifier Code	Mandatory		Uniquely identifies the transaction set. The value must be "820".
	1/1	Data Element Separator	Mandatory	*	
ST02	4/9	Transaction Set Control number	Mandatory		Unique control number assigned by the originating company.
	1/1	Segment Separator	Mandatory	*	
	3/3	Segment Name	Mandatory	BPR	Designates the action to be taken.
BPR01	1/1	Transaction Code	Mandatory		

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Electronic File Formats

Table 9

A820 Transaction Set					
	1/1	Data Element Separator	Mandatory	*	
BPR02	1/15	Monetary Amount	Mandatory		Total amount of all of the payments sent. The number will include the decimal point.
	1/1	Data Element Separator	Mandatory		
BPR03	1/1	Credit/Debit Code	Mandatory	C	*C* indicates a credit to the receiver and a debit to the originator.
	1/1	Data Element Separator	Mandatory	*	
BPR04	3/3	Payment Method Code	Mandatory		Indicates the transfer method.
	1/1	Data Element Separator	Mandatory	*	
BPR05	1/10	Payment Format	Optional		Identifies the payment format used.
	1/1	Data Element Separator	Conditional	* if BPR05 is populated	
BPR06	2/2	DFI ID Number Qualifier	Optional		Indicates the type of ID used by the DFI. If the field is populated, BPR07 must be populated.
	1/1	Data Element Separator	Conditional	* if BPR06 is populated	
BPR07	3/12	DFI Identification Number	Optional		Originating Financial Institution Identifier. If this field is populated, BPR06 must be populated.
	1/1	Data Element Separator	Conditional	* if BPR07 is populated	
BPR08	2/2	Account Number Qualifier Code	Optional		The Originating Financial Institution account number qualifier. If the field is populated, BPR09 must be populated.
	1/1	Data Element Separator	Conditional	* if BPR08 is populated	
BPR09	1/35	Account Number	Optional		Originating Company's account number. This field is required if BPR08 is populated.
	1/1	Data Element Separator	Conditional	* if BPR09 is populated	
BPR10	10/10	Originating Company Identifier	Optional		Company ID: The number "1" followed by the FEIN.
	1/1	Data Element Separator	Conditional	* if BPR10 is populated	
BPR11	9/9	Originating Company Supplemental Code	Optional		Code defined between the Originator and the Originating Depository Financial Institution that uniquely identifies the company initiating the transfer.
	1/1	Data Element Separator	Conditional	* if BPR11 is populated	
BPR12	2/2	DFI ID Number Qualifier	Optional		Code used for the type of ID number used by the DFI. If this field is populated, BPR13 must be populated.
	1/1	Data Element Separator	Conditional	* if BPR12 is populated	
BPR13	3/12	DFI Identification Number	Optional		Receiving Financial Institution Number. If this field is populated, BPR12 must be populated.
	1/1	Data Element Separator	Conditional	* if BPR13 is populated	

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Electronic File Formats

AS20 Transaction Set		Table 9		
BPR14	2/2	Account Number Qualifier Code	Optional	Identifies the Receiving Financial Institution bank account type. If this field is populated, BPR15 must be populated.
	1/1	Data Element Separator	Conditional	* if BPR14 is populated
BPR15	1/35	Account Number	Optional	Receiver's bank account number. This field is required if BPR14 is populated.
	1/1	Data Element Separator	Conditional	* if BPR15 is populated
BPR16	6/6	Effective Entry Date	Optional	Date the Originator intends for the transaction to be settled.
	1/1	Segment Separator	Conditional	* if BPR16 is populated
	3/3	Segment Name	Mandatory	Identifies the segment.
	1/2	Trace Type Code	Mandatory	Identifies which transaction is being referenced.
	1/1	Data Element Separator	Mandatory	*
TRN02	1/30	Reference Number	Mandatory	Contains the reference number that identifies the payment order/entrance advice. This number is unique between Sender and Receiver.
	1/1	Data Element Separator	Mandatory	*
TRN03	10/10	Originating Company Identifier	Optional	Company ID: The number "1" followed by the FEIN.
	1/1	Data Element Separator	Conditional	* if TRN03 is populated
TRN04	1/30	Reference Number	Optional	Uniquely identifies a sub-division within a company.
	1/1	Segment Separator	Conditional	* if TRN04 is populated
	3/3	Segment Name	Mandatory	DED
DED01	2/2	Application Identifier	Mandatory	Identifies the segment.
	1/1	Data Element Separator	Mandatory	CS
DED02	1/20	Case Identifier	Mandatory	Indicates the type of deduction being withheld from an employee's paycheck.
	1/1	Data Element Separator	Mandatory	AANNNNNAN
DED03	6/6	Pay Date	Mandatory	Contains the non-custodial parent's CSMS Account Number.
	1/1	Data Element Separator	Mandatory	*
DED04	1/10	Payment Amount	Mandatory	Provides the date income was withheld from an employee's paycheck.
	1/1	Data Element Separator	Mandatory	*
DED05	9/9	NCP Social Security Number	Mandatory	Provides the amount withheld from the employee's paycheck for the pay period. Must not be \$0 unless the Employment Terminator Indicator has a value of "Y."
	1/1	Data Element Separator	Mandatory	NNNNNNNN
	1/1	Data Element Separator	Mandatory	*

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Electronic File Formats

Table 9

A820 Transaction Set				
DED06	1/1	Medical Support Indicator	Mandatory	Indicates whether the employer offers family medical insurance coverage. "Y" = Yes; "N" = No; "W" = Not Applicable
	1/1	Data Element Separator	Mandatory	*
DED07	1/10	NCP Name	Mandatory	Contains the first seven letters of the non-custodial parent's last name, comma, and first three letters of his/her name.
	1/1	Data Element Separator	Mandatory	*
DED08	5/7	FIPS Code	Mandatory	Optional
	1/1	Data Element Separator	Mandatory	*
DED09	1/1	Employment Termination Indicator	Optional	Contains the FIPS Code of the county to whom the employer remits payments.
	1/1	Segment Separator	Mandatory	Contains a value of "Y" if the employee has terminated employment.
	2/2	Segment Name	Mandatory	Identifies the segment.
	1/1	Data Element Separator	Mandatory	SE
SE01	1/6	Number of Included Segments	Mandatory	*
	1/1	Data Element Separator	Mandatory	Total number of segments included in the transaction set, including the ST and SE segments.
SE02	4/9	Transaction Set Control Number	Mandatory	*
	1/1	Segment Separator	Mandatory	Identifying control number assigned by the Originator.
	2/2	Segment Name	Mandatory	GE
GE01	1/6	Number of Transactions Sets Included	Mandatory	Total number of transaction sets included in the functional group or interchange group terminated by the trailer.
	1/1	Data Element Separator	Mandatory	*
GE02	1/9	Group Control Number	Mandatory	Number assigned by the sender; must be identical to the number contained in GS06.
	1/1	Segment Separator	Mandatory	*
	3/3	Segment name	Mandatory	IEA
	1/1	Data Element Separator	Mandatory	*
IEA01	1/5	Number of Included functional groups	Mandatory	Count of the number of functional groups included in the transmission.
	1/1	Data Element Separator	Mandatory	*
IEA02	9/9	Interchange Control Number	Mandatory	Assigned by the Sender to uniquely identify the interchange data. Together with the Sender ID it uniquely identifies the interchange data to the Receiver. This number must be the same as the value in ISA13.
	1/1	Segment Separator	Mandatory	∖

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Electronic File Formats

IAT Company/Batch Header Record – Canada

The Company/Batch Header Record identifies the Originator and briefly describes the purpose of the entry. Note: Alphanumeric fields - Left justified Numeric Fields - Right Justified

#	Field	Position	Length	Mandatory/Required/ Optional	Description
1	Record Type Code	01-01	1	Mandatory	Record Type: 5
2	Service Class Code	02-04	3	Mandatory	Service Class Code (<i>Numeric</i>): 220 Credits Only
3	IAT Indicator	05-20	16	Blank	(<i>Alphameric</i>)
4	Foreign Exchange Indicator	21-22	2	Mandatory	Indicates the foreign exchange conversion methodology applied to an IAT entry (<i>Alphameric</i>) FF Fixed to Fixed
5	Foreign Exchange Reference Indicator	23	1	Required	3 Space filled
6	Foreign Exchange Reference	24-38	15	Required	Foreign exchange rate or reference number, as specified in the foreign exchange reference indicator field. If the foreign exchange reference indicator is 3 , leave this field blank (<i>Alphameric</i>)
7	ISO Destination Country Code	39-40	2	Mandatory	Two-character ISO 3166 country code for the beneficiary country (<i>Alphameric</i>)--CA
8	Originator Identification	41-50	10	Mandatory	1460132001 for Canada
9	Standard Entry Class Code (SEC)	51-53	3	Mandatory	Always IAT . Must be uppercase (<i>Alphameric</i>)
10	Company Entry Description	54-63	10	Mandatory	Enter the description of the entry--NYChildSup
11	ISO Originating Currency Code	64-66	3	Mandatory	Three-character ISO 4217 code of the originating currency. When the foreign exchange indicator field is FV , ISO originating currency is USD (<i>Alphameric</i>)
12	ISO Destination Currency Code	67-69	3	Mandatory	Determined by Field 4--"USD"
13	Effective Entry Date	70-75	6	Required	Date item(s) are to post to the receivers account Format: YYMMDD
14	Settlement Date (Julian Date)	76-78	3	Inserted by ACH Operator	Julian Date (<i>Numeric</i>)
15	Originator Status Code	79	1	Mandatory	Originator Status Code: 1 (<i>Alphameric</i>)
16	Gateway Operator Identification/Originating DFI Identification	80-87	8	Mandatory	Originating DFI ID –
17	Batch number	88-94	7	Mandatory	Sequential batch number within file (<i>Numeric</i>)

Sample C-9d (page 1 of 14)

Electronic File Formats

IAT Entry Detail Record – Original Entry

The Entry Detail Records contain information about the Receiver and the Receiver's financial institution.

#	Field	Position	Length	Mandatory/Required/ Optional	Description
1	Record Type Code	01-01	1	Mandatory	Record Type: 6
2	Transaction Code	02-03	2	Mandatory	Transaction Code <i>(Numeric)</i> : 22 Demand Deposit Account Credit
3	Gateway Operator Identification / Receiving DFI Identification	04-11	8	Mandatory	Contains the standard Routing Number that identifies the U.S. RDFI at which the receiver maintains their account
4	Check Digit	12-12	1	Mandatory	<i>(Numeric)</i>
5	Number of Addenda Records	13-16	4	Mandatory	Represents the number of addenda records associated with the Entry Detail Record <i>(Numeric)</i> --0007
6	Reserved	17-29	13	N/A	Leave Blank
7	Amount	30-39	10	Mandatory	Contains the dollar amount of the entry in U.S. dollars
8	Foreign Receiver's Account Number / DFI Account Number	40-74	35	Mandatory	Contains the receiver's account number <i>(Alphanumeric)</i>
9	Reserved	75-76	2	N/A	Leave Blank
10	Gateway Operator (GO) OFAC Screening Indicator	77-77	1	Optional	Blank = No screening has been conducted.
11	Secondary OFAC Screening Indicator	78-78	1	Optional	Blank = No screening has been conducted.
12	Addenda Record Indicator	79-79	1	Mandatory	<i>(Numeric)</i>
13	Trace Number	80-94	15	Mandatory	Child support system transaction number--must be loaded in progressive numeric order <i>(Numeric)</i>

Sample C-9d (page 2 of 14)

Electronic File Formats

First IAT Addenda Record – Original Entry

The First IAT Addenda Record identifies the Receiver of the transaction and the dollar amount of the payment.

#	Field	Position	Length	Mandatory/Required/ Optional	Description
1	Record Type Code	01-01	1	Mandatory	Record Type: 7
2	Addenda Type Code	02-03	2	Mandatory	Addenda Type Code: 10
3	Transaction Type Code	04-06	3	Required	Field contains a three-character code used to identify the type of transaction (<i>Alphameric</i>) <u>For Outbound Payments: DEP</u> – Deposit
4	Foreign Payment Amount	07-24	18	Required	For Outbound IAT Entries, this field contains the amount for which the entry is to be received by the Foreign Receiver in the currency denomination expressed in the ISO Destination Currency Code Field of the Company/Batch Header Record
5	Foreign Trace Number	25-46	22	Optional	Insert blanks or zeros (<i>Alphameric</i>)
6	Receiving Company Name or Individual Name	47-81	35	Mandatory	This field contains the name of the Receiver (<i>Alphameric</i>)
7	Reserved	82-87	6	N/A	Leave Blank or fill with zeros.
8	Entry Detail Sequence Number	88-94	7	Mandatory	This field contains the ascending sequence number section of the Entry Detail Record's trace number. This number is the same as the last seven digits of the trace number of the related Entry Detail Record (<i>Numeric</i>)

Sample C-9d (page 3 of 14)

Electronic File Formats

Second and Third IAT Addenda Records – Original Entry

The Second and Third IAT Addenda Records identify key information related to the Originator of the entry.

Second IAT Addenda Record

#	Field	Position	Length	Mandatory/Required/ Optional	Description
1	Record Type Code	01-01	1	Mandatory	Record Type: 7
2	Addenda Type Code	02-03	2	Mandatory	Addenda Type Code: 11
3	Originator Name	04-38	35	Mandatory	Field contains the name of the Originator of the transaction <i>(Alphameric)</i> --NYChildSup
4	Originator Street Address	39-73	35	Mandatory	Field contains the Originator's physical street address <i>(Alphameric)</i> --40 North Pearl St Albany NY 12243
5	Reserved	74-87	14	N/A	Leave Blank
6	Entry Detail Sequence Number	88-94	7	Mandatory	This field contains the ascending sequence number section of the Entry Detail Record's trace number. This number is the same as the last seven digits of the trace number of the related Entry Detail Record <i>(Numeric)</i> .

Third IAT Addenda Record

#	Field	Position	Length	Mandatory/Required/ Optional	Description
1	Record Type Code	01-01	1	Mandatory	Record Type: 7
2	Addenda Type Code	02-03	2	Mandatory	Addenda Type Code: 12
3	Originator City & State/Province	04-38	35	Mandatory	This field contains the city and, if applicable, the state or province of the Originator. Asterisks must be used to separate the data elements, and the last data element must be followed by a backslash <i>(Alphameric)</i> --Albany*NY\
4	Originator Country & Postal Code	39-73	35	Mandatory	This field identifies the Originator's country and postal code. Data elements must be separated by an asterisk and must end with a backslash <i>(Alphameric)</i> --US*12243\
5	Reserved	74-87	14	N/A	Leave Blank
6	Entry Detail Sequence Number	88-94	7	Mandatory	This field contains the ascending sequence number section of the Entry Detail Record's trace number. This number is the same as the last seven digits of the trace number of the related Entry Detail Record <i>(Numeric)</i> .

Sample C-9d (page 4 of 14)

Fourth IAT Addenda Record – Original Entry

The Fourth IAT Addenda Record contains information related to the financial institution originating the entry.

#	Field	Position	Length	Mandatory/Required/ Optional	Description
1	Record Type Code	01-01	1	Mandatory	Record Type: 7
2	Addenda Type Code	02-03	2	Mandatory	Addenda Type Code: 13
3	Originating DFI Name	04-38	35	Mandatory	For an Inbound IAT entry, this field contains the name of the foreign Originating DFI (<i>Alphameric</i>)
4	Originating DFI Identification Number Qualifier	39-40	2	Mandatory	This field contains a 2-digit code that identifies the numbering scheme used in the Originating DFI Identification Number Field (<i>Alphameric</i>)
5	Originating DFI Identification	41-74	34	Mandatory	For Inbound IAT Entries, this field contains the National Clearing System Number of the foreign Originating DFI (<i>Alphameric</i>)
6	Originating DFI Branch Country Code	75-77	3	Mandatory	This field contains a 2-digit code, as approved by the International Organization for Standardization, used to identify the country in which the branch of the bank that originated the entry is located. On an Inbound IAT Entry, this code will identify the country in which the branch of the foreign ODFI is located (<i>Alphameric</i>)
7	Reserved	78-87	10	N/A	Leave Blank
8	Entry Detail Sequence Number	88-94	7	Mandatory	This field contains the ascending sequence number section of the Entry Detail Record's trace number. This number is the same as the last seven digits of the trace number of the related Entry Detail Record (<i>Numeric</i>)

The Fifth IAT Addenda Record identifies the Receiving Depository Financial Institution holding the Receiver's account.

#	Field	Position	Length	Mandatory/Required/ Optional	Description
1	Record Type Code	01-01	1	Mandatory	Record Type: 7
2	Addenda Type Code	02-03	2	Mandatory	Addenda Type Code: 14
3	Receiving DFI Name	04-38	35	Mandatory	Field contains the name of the Receiving DFI holding the Receiver's account (<i>Alphameric</i>)
4	Receiving DFI Identification Number Qualifier	39-40	2	Mandatory	This field contains a 2-digit code that identifies the numbering scheme used in the Originating DFI Identification Number Field (<i>Alphameric</i>)
5	Receiving DFI Identification	41-74	34	Mandatory	Foreign RDFI's routing/transit number (<i>Alphameric</i>)
6	Receiving DFI Branch Country Code	75-77	3	Mandatory	This field contains a 2-digit code, as approved by the International Organization for Standardization, used to identify the country in which the branch of the bank that receives the entry is located. On an Inbound IAT Entry, this code will identify the U.S. as the branch location (<i>Alphameric</i>)
7	Reserved	78-87	10	N/A	Leave Blank
8	Entry Detail Sequence Number	88-94	7	Mandatory	This field contains the ascending sequence number section of the Entry Detail Record's trace number. This number is the same as the last seven digits of the trace number of the related Entry Detail Record (<i>Numeric</i>)

Sample C-9d (page 5 of 14)

Sixth and Seventh IAT Addenda Records – Original Entry

The Sixth and Seventh IAT Addenda Records identify key information related to the Receiver of the entry.

Sixth IAT Addenda Record

#	Field	Position	Length	Mandatory/Required/ Optional	Description
1	Record Type Code	01-01	1	Mandatory	Record Type: 7
2	Addenda Type Code	02-03	2	Mandatory	Addenda Type Code: 15
3	Receiver Identification Number	04-18	15	Optional	Used by the Originator to identify the Receiver or may be used for tracing purposes (<i>Alphameric</i>)
4	Receiver Street Address	19-53	35	Mandatory	Field contains the Receiver's physical street address (<i>Alphameric</i>)
5	Reserved	54-87	34	N/A	Leave Blank
6	Entry Detail Sequence Number	88-94	7	Mandatory	This field contains the ascending sequence number section of the Entry Detail Record's trace number. This number is the same as the last seven digits of the trace number of the related Entry Detail Record (<i>Numeric</i>)

Seventh IAT Addenda Record

#	Field	Position	Length	Mandatory/Required/ Optional	Description
1	Record Type Code	01-01	1	Mandatory	Record Type: 7
2	Addenda Type Code	02-03	2	Mandatory	Addenda Type Code: 16
3	Receiver City & State/Province	04-38	35	Mandatory	This field contains the city and, if applicable, the state or province of the Receiver. Asterisks must be used to separate the data elements, and the last data element must be followed by a backslash (<i>Alphameric</i>)
4	Receiver Country & Postal Code	39-73	35	Mandatory	This field identifies the receiver's country and postal code, (e.g., 'US*64105'). Data elements must be separated by an asterisk and must end with a backslash (<i>Alphameric</i>)
5	Reserved	74-87	14	N/A	Leave Blank
6	Entry Detail Sequence Number	88-94	7	Mandatory	This field contains the ascending sequence number section of the Entry Detail Record's trace number. This number is the same as the last seven digits of the trace number of the related Entry Detail Record (<i>Numeric</i>)

Electronic File Formats

IAT Addenda Record for Remittance Information (Optional)

IAT entries will accommodate the transmission of optional remittance information.

#	Field	Position	Length	Mandatory/Required/ Optional	Description
1	Record Type Code	01-01	1	Mandatory	Record Type: 7
2	Addenda Type Code	02-03	2	Mandatory	Addenda Code Type: 17
3	Payment Related Information	04-83	80	Optional	Free-form text (<i>Alphameric</i>)
4	Addenda Sequence Number	84-87	4	Mandatory	Sequence number of Type Code "17" addenda records in ascending order beginning with 0001 (<i>Numeric</i>)
5	Entry Detail Sequence Number	88-94	7	Mandatory	This field contains the ascending sequence number section of the Entry Detail Record's trace number. This number is the same as the last seven digits of the trace number of the related Entry Detail Record (<i>Numeric</i>)

Note: A maximum of two optional addenda records will be able to accompany an IAT entry.

Sample C-9d (page 7 of 14)

Electronic File Formats

IAT Company/Batch Header Record – Other than Canada

The Company/Batch Header Record identifies the Originator and briefly describes the purpose of the entry. Note: Alphanumeric fields - Left justified Numeric Fields - Right Justified

#	Field	Position	Length	Mandatory/Required/ Optional	Description
1	Record Type Code	01-01	1	Mandatory	Record Type: 5
2	Service Class Code	02-04	3	Mandatory	Service Class Code (Numeric): 220 Credits Only
3	IAT Indicator	05-20	16	Optional	(Alphanumeric)
4	Foreign Exchange Indicator	21-22	2	Mandatory	Indicates the foreign exchange conversion methodology applied to an IAT entry (Alphanumeric) FF Fixed to Fixed
5	Foreign Exchange Reference Indicator	23	1	Required	3 Space filled
6	Foreign Exchange Reference	24-38	15	Required	Foreign exchange rate or reference number, as specified in the foreign exchange reference indicator field. If the foreign exchange reference indicator is 3 , leave this field blank (Alphanumeric)
7	ISO Destination Country Code	39-40	2	Mandatory	Two-character ISO 3166 country code for the beneficiary country (Alphanumeric)
8	Originator Identification	41-50	10	Mandatory	1460132001 for Canada 1460132002 for Germany
9	Standard Entry Class Code (SEC)	51-53	3	Mandatory	Always IAT . Must be uppercase (Alphanumeric)
10	Company Entry Description	54-63	10	Mandatory	Enter a description of the entry, such as PAYROLL or VENDOR PMT (Alphanumeric)
11	ISO Originating Currency Code	64-66	3	Mandatory	Three-character ISO 4217 code of the originating currency. When the foreign exchange indicator field is FV , ISO originating currency is USD (Alphanumeric)
12	ISO Destination Currency Code	67-69	3	Mandatory	Three-character ISO 4217 code for the destination currency. When the foreign exchange indicator field is VF or FF , ISO originating currency and ISO destination currency must be the same. When the foreign exchange indicator field is FV , ISO destination currency indicates the foreign currency (Alphanumeric)
13	Effective Entry Date	70-75	6	Required	Date item(s) are to post to the receivers account Format: YYMMDD
14	Settlement Date (Julian Date)	76-78	3	Inserted by ACH Operator	Julian Date (Numeric)
15	Originator Status Code	79	1	Mandatory	Originator Status Code: 1 (Alphanumeric)
16	Gateway Operator Identification/Originating DFI Identification	80-87	8	Mandatory	Originating DFI ID –
17	Batch number	88-94	7	Mandatory	Sequential batch number within file (Numeric)

Sample C-9d (page 8 of 14)

Electronic File Formats

IAT Entry Detail Record – Original Entry

The Entry Detail Records contain information about the Receiver and the Receiver's financial institution.

#	Field	Position	Length	Mandatory/Required/ Optional	Description
1	Record Type Code	01-01	1	Mandatory	Record Type: 6
2	Transaction Code	02-03	2	Mandatory	Transaction Code <i>(Numeric)</i> : 22 Demand Deposit Account Credit
3	Gateway Operator Identification / Receiving DFI Identification	04-11	8	Mandatory	Contains the standard Routing Number that identifies the U.S. RDFI at which the receiver maintains their account
4	Check Digit	12-12	1	Mandatory	<i>(Numeric)</i>
5	Number of Addenda Records	13-16	4	Mandatory	Represents the number of addenda records associated with the Entry Detail Record <i>(Numeric)</i> --0007
6	Reserved	17-29	13	N/A	Leave Blank
7	Amount	30-39	10	Mandatory	Contains the dollar amount of the entry in U.S. dollars
8	Foreign Receiver's Account Number / DFI Account Number	40-74	35	Mandatory	Contains the receiver's account number <i>(Alphameric)</i>
9	Reserved	75-76	2	N/A	Leave Blank
10	Gateway Operator (GO) OFAC Screening Indicator	77-77	1	Optional	Blank = No screening has been conducted.
11	Secondary OFAC Screening Indicator	78-78	1	Optional	Blank = No screening has been conducted.
12	Addenda Record Indicator	79-79	1	Mandatory	<i>(Numeric)</i>
13	Trace Number	80-94	15	Mandatory	Child support system transaction number--must be loaded in progressive numeric order <i>(Numeric)</i>

Sample C-9d (page 9 of 14)

Electronic File Formats

First IAT Addenda Record – Original Entry

The First IAT Addenda Record identifies the Receiver of the transaction and the dollar amount of the payment.

#	Field	Position	Length	Mandatory/Required/ Optional	Description
1	Record Type Code	01-01	1	Mandatory	Record Type: 7
2	Addenda Type Code	02-03	2	Mandatory	Addenda Type Code: 10
3	Transaction Type Code	04-06	3	Required	Field contains a three-character code used to identify the type of transaction (<i>Alphameric</i>) For Outbound Payments: DEP – Deposit
4	Foreign Payment Amount	07-24	18	Required	For Outbound IAT Entries, this field contains the amount for which the entry is to be received by the Foreign Receiver in the currency denomination expressed in the ISO Destination Currency Code Field of the Company/Batch Header Record
5	Foreign Trace Number	25-46	22	Optional	Insert blanks or zeros (<i>Alphameric</i>)
6	Receiving Company Name or Individual Name	47-81	35	Mandatory	This field contains the name of the Receiver (<i>Alphameric</i>)
7	Reserved	82-87	6	N/A	Leave Blank or fill with zeros.
8	Entry Detail Sequence Number	88-94	7	Mandatory	This field contains the ascending sequence number section of the Entry Detail Record's trace number. This number is the same as the last seven digits of the trace number of the related Entry Detail Record (<i>Numeric</i>)

Sample C-9d (page 10 of 14)

Electronic File Formats

Second and Third IAT Addenda Records – Original Entry

The Second and Third IAT Addenda Records identify key information related to the Originator of the entry.

Second IAT Addenda Record

#	Field	Position	Length	Mandatory/Required/ Optional	Description
1	Record Type Code	01-01	1	Mandatory	Record Type: 7
2	Addenda Type Code	02-03	2	Mandatory	Addenda Type Code: 11
3	Originator Name	04-38	35	Mandatory	Field contains the name of the Originator of the transaction (Alphameric)--NYChildSup
4	Originator Street Address	39-73	35	Mandatory	Field contains the Originator's physical street address (Alphameric)--40 North Pearl St Albany NY 12243
5	Reserved	74-87	14	N/A	Leave Blank
6	Entry Detail Sequence Number	88-94	7	Mandatory	This field contains the ascending sequence number section of the Entry Detail Record's trace number. This number is the same as the last seven digits of the trace number of the related Entry Detail Record (Numeric)

Third IAT Addenda Record

#	Field	Position	Length	Mandatory/Required/ Optional	Description
1	Record Type Code	01-01	1	Mandatory	Record Type: 7
2	Addenda Type Code	02-03	2	Mandatory	Addenda Type Code: 12
3	Originator City & State/Province	04-38	35	Mandatory	This field contains the city and, if applicable, the state or province of the Originator. Asterisks must be used to separate the data elements, and the last data element must be followed by a backslash (Alphameric)--Albany*NY\
4	Originator Country & Postal Code	39-73	35	Mandatory	This field identifies the Originator's country and postal code. Data elements must be separated by an asterisk and must end with a backslash (Alphameric)--US*12243\
5	Reserved	74-87	14	N/A	Leave Blank
6	Entry Detail Sequence Number	88-94	7	Mandatory	This field contains the ascending sequence number section of the Entry Detail Record's trace number. This number is the same as the last seven digits of the trace number of the related Entry Detail Record (Numeric)

Sample C-9d (page 11 of 14)

Electronic File Formats

Fourth IAT Addenda Record – Original Entry

The Fourth IAT Addenda Record contains information related to the financial institution originating the entry.

#	Field	Position	Length	Mandatory/Required/ Optional	Description
1	Record Type Code	01-01	1	Mandatory	Record Type: 7
2	Addenda Type Code	02-03	2	Mandatory	Addenda Type Code: 13
3	Originating DFI Name	04-38	35	Mandatory	For an Inbound IAT entry, this field contains the name of the foreign Originating DFI (<i>Alphameric</i>)
4	Originating DFI Identification Number Qualifier	39-40	2	Mandatory	This field contains a 2-digit code that identifies the numbering scheme used in the Originating DFI Identification Number Field (<i>Alphameric</i>)
5	Originating DFI Identification	41-74	34	Mandatory	For Inbound IAT Entries, this field contains the National Clearing System Number of the foreign Originating DFI (<i>Alphameric</i>)
6	Originating DFI Branch Country Code	75-77	3	Mandatory	This field contains a 2-digit code, as approved by the International Organization for Standardization, used to identify the country in which the branch of the bank that originated the entry is located. On an Inbound IAT Entry, this code will identify the country in which the branch of the foreign ODFI is located (<i>Alphameric</i>)
7	Reserved	78-87	10	N/A	Leave Blank
8	Entry Detail Sequence Number	88-94	7	Mandatory	This field contains the ascending sequence number section of the Entry Detail Record's trace number. This number is the same as the last seven digits of the trace number of the related Entry Detail Record (<i>Numeric</i>)

Fifth IAT Addenda Record – Original Entry

The Fifth IAT Addenda Record identifies the Receiving Depository Financial Institution holding the Receiver's account.

#	Field	Position	Length	Mandatory/Required/ Optional	Description
1	Record Type Code	01-01	1	Mandatory	Record Type: 7
2	Addenda Type Code	02-03	2	Mandatory	Addenda Type Code: 14
3	Receiving DFI Name	04-38	35	Mandatory	Field contains the name of the Receiving DFI holding the Receiver's account (<i>Alphameric</i>)
4	Receiving DFI Identification Number Qualifier	39-40	2	Mandatory	This field contains a 2-digit code that identifies the numbering scheme used in the Originating DFI Identification Number Field (<i>Alphameric</i>)
5	Receiving DFI Identification	41-74	34	Mandatory	Foreign RDFI's routing/transit number (<i>Alphameric</i>)
6	Receiving DFI Branch Country Code	75-77	3	Mandatory	This field contains a 2-digit code, as approved by the International Organization for Standardization, used to identify the country in which the branch of the bank that receives the entry is located. On an Inbound IAT Entry, this code will identify the U.S. as the branch location (<i>Alphameric</i>)
7	Reserved	78-87	10	N/A	Leave Blank
8	Entry Detail Sequence Number	88-94	7	Mandatory	This field contains the ascending sequence number section of the Entry Detail Record's trace number. This number is the same as the last seven digits of the trace number of the related Entry Detail Record (<i>Numeric</i>)

Sample C-9d (page 12 of 14)

Electronic File Formats

Sixth IAT Addenda Record

#	Field	Position	Length	Mandatory/Required/ Optional	Description
1	Record Type Code	01-01	1	Mandatory	Record Type: 7
2	Addenda Type Code	02-03	2	Mandatory	Addenda Type Code: 15
3	Receiver Identification Number	04-18	15	Optional	Used by the Originator to identify the Receiver or may be used for tracing purposes (<i>Alphameric</i>)
4	Receiver Street Address	19-53	35	Mandatory	Field contains the Receiver's physical street address (<i>Alphameric</i>)
5	Reserved	54-87	34	N/A	Leave Blank
6	Entry Detail Sequence Number	88-94	7	Mandatory	This field contains the ascending sequence number section of the Entry Detail Record's trace number. This number is the same as the last seven digits of the trace number of the related Entry Detail Record (<i>Numeric</i>)

Seventh IAT Addenda Record

#	Field	Position	Length	Mandatory/Required/ Optional	Description
1	Record Type Code	01-01	1	Mandatory	Record Type: 7
2	Addenda Type Code	02-03	2	Mandatory	Addenda Type Code: 16
3	Receiver City & State/Province	04-38	35	Mandatory	This field contains the city and, if applicable, the state or province of the Receiver. Asterisks must be used to separate the data elements, and the last data element must be followed by a backslash (<i>Alphameric</i>)
4	Receiver Country & Postal Code	39-73	35	Mandatory	This field identifies the receiver's country and postal code, (e.g., 'US*64105\'). Data elements must be separated by an asterisk and must end with a backslash (<i>Alphameric</i>)
5	Reserved	74-87	14	N/A	Leave Blank
6	Entry Detail Sequence Number	88-94	7	Mandatory	This field contains the ascending sequence number section of the Entry Detail Record's trace number. This number is the same as the last seven digits of the trace number of the related Entry Detail Record (<i>Numeric</i>)

Sample C-9d (page 13 of 14)

IAT Addenda Record for Remittance Information

IAT entries will accommodate the transmission of optional remittance information.

#	Field	Position	Length	Mandatory/Required/ Optional	Description
1	Record Type Code	01-01	1	Mandatory	Record Type: 7
2	Addenda Type Code	02-03	2	Mandatory	Addenda Code Type: 17
3	Payment Related Information	04-83	80	Optional	Free-form text (<i>Alphameric</i>)
4	Addenda Sequence Number	84-87	4	Mandatory	Sequence number of Type Code "17" addenda records in ascending order beginning with 0001 (<i>Numeric</i>)
5	Entry Detail Sequence Number	88-94	7	Mandatory	This field contains the ascending sequence number section of the Entry Detail Record's trace number. This number is the same as the last seven digits of the trace number of the related Entry Detail Record (<i>Numeric</i>)

Note: A maximum of two optional addenda records will be able to accompany an IAT entry.

Sample C-9d (page 14 of 14)

PPD Entry Detail Record					
Field	Data Element Name	Field Inclusion Requirement	Contents	Length	Position
1	Record Type Code	M	'6'	1	01-01
2	Transaction Code	M	Numeric	2	02-03
3	Receiving DFI Identification	M	TTTTAAAA	8	04-11
4	Check Digit	M	Numeric	1	12-12
5	DFI Account Number	R	Alphanumeric	17	13-29
6	Amount	M	\$\$\$\$\$\$cc	10	30-39
7	Individual Identification Number	O	Alphanumeric	15	40-54
8	Individual Name	R	Alphanumeric	22	55-76
9	Discretionary Data	O	Alphanumeric	2	77-78
10	Addenda Record Indicator	M	Numeric	1	79-79
11	Trace Number	M	Numeric	15	80-94

PPD Addenda Record					
Field	Data Element Name	Field Inclusion Requirement	Contents	Length	Position
1	Record Type Code	M	'7'	1	01-01
2	Addenda Type Code	M	'5'	2	02-03
3	Payment Related Information	O	Alphanumeric	80	04-83
4	Addenda Sequence Number	M	Numeric	4	84-87
5	Entry Detail Sequence Number	M	Numeric	7	88-94

Sample C-9e

Image Cash Letter Record Layout

File Header Record (Type 01)

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

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

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

Sample C-9f (page 1 of 9)

Electronic File Formats

Cash Letter Header Record (Type 10)

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

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

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

Sample C-9f (page 2 of 9)

Electronic File Formats

Bundle Header Record (Type 20)

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

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

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

Sample C-9f (page 3 of 9)

Electronic File Formats

Check Detail Record (Type 25)

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

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

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

Sample C-9f (page 4 of 9)

Electronic File Formats

Image View Detail Record (Type 50)

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

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

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

Sample C-9f (page 5 of 9)

Electronic File Formats

Image View Data Record (Type 52)

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

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

Sample C-9f (page 6 of 9)

Electronic File Formats

Bundle Control Record (Type 70)

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

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

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

Sample C-9f (page 7 of 9)

Electronic File Formats

Cash Letter Control Record (Type 90)

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

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

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

Sample C-9f (page 8 of 9)

Electronic File Formats

File Control Record (Type 99)

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

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

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

Sample C-9f (page 9 of 9)

CCD+/CTX FORMATS GLOSSARY

ACH Automated Clearinghouse

CCD Cash Concentration Disbursements

CTX Corporate Trade Exchange

DED Deduction for Child Support Payment

EFT Electronic Funds Transfer

IAT International ACH Transaction

NACHA National Automated Clearinghouse Association

NYSCSPC New York State Child Support Processing Center

ODFI Originating Depository Financial Institution

RDFI Receiving Depository Financial Institution

Service Class Codes 200 = Debit/Credit 220 = Credit 225 = Debit

SSN Social Security Number

Transaction Code 22 = Checking Credit 32 = Savings Credit

Sample C-9g

APPENDIX D

LOCAL DISTRICT SCU AVERAGE DAILY BALANCES

Appendix D contains a Schedule of Local District SCU Average Daily Available Balances for April 2014. The OTDA does not guarantee that these balances will be prevalent during the term of the resultant contract.

Schedule of Local District SCU and NYSCSPC Average Daily Available Balances for April 2014

<u>COUNTY</u>	<u>April 2014</u>
ALBANY COUNTY	\$2,761,796
ALLEGANY COUNTY	\$234,889
BROOME COUNTY	\$823,554
CATTARAUGUS COUNTY	\$423,332
CAYUGA COUNTY	\$254,675
CHAUTAUQUA COUNTY	\$768,462
CHEMUNG COUNTY	\$455,449
CHENANGO COUNTY	\$162,646
CLINTON COUNTY	\$ 317,567
COLUMBIA COUNTY	\$279,328
CORTLAND COUNTY	\$165,159
DELAWARE COUNTY	\$185,833
DUTCHESS COUNTY	\$742,835
ERIE COUNTY	\$6,943,888
ESSEX COUNTY	\$110,405
FRANKLIN COUNTY	\$179,124
FULTON COUNTY	\$223,514
GENESEE COUNTY	\$167,538
GREENE COUNTY	\$166,854
HAMILTON COUNTY	\$8,602
HERKIMER COUNTY	\$221,384
JEFFERSON COUNTY	\$779,354
LEWIS COUNTY	\$102,153
LIVINGSTON COUNTY	\$218,419
MADISON COUNTY	\$213,681
MONROE COUNTY	\$2,608,252
MONTGOMERY COUNTY	\$418,700
NASSAU COUNTY	\$6,726,275
NIAGARA COUNTY	\$ 980,094
ONEIDA COUNTY	\$1,059,817

ONONDAGA COUNTY	\$2,471,093
ONTARIO COUNTY	\$310,622
ORANGE COUNTY	\$1,275,180
ORLEANS COUNTY	\$177,558
OSWEGO COUNTY	\$637,393
OTSEGO COUNTY	\$152,293
PUTNAM COUNTY	\$286,981
RENSSELAER COUNTY	\$723,839
ROCKLAND COUNTY	\$1,056,942
ST. LAWRENCE COUNTY	\$401,328
SARATOGA COUNTY	\$526,196
SCHENECTADY COUNTY	\$991,087
SCHOHARIE COUNTY	\$144,008
SCHUYLER COUNTY	\$100,054
SENECA COUNTY	\$99,609
STEUBEN COUNTY	\$437,649
SUFFOLK COUNTY	\$8,405,402
SULLIVAN COUNTY	\$520,206
TIOGA COUNTY	\$240,457
TOMPKINS COUNTY	\$358,436
ULSTER COUNTY	\$1,079,579
WARREN COUNTY	\$233,609
WASHINGTON COUNTY	\$306,244
WAYNE COUNTY	\$285,335
WESTCHESTER COUNTY	\$3,294,155
WYOMING COUNTY	\$154,433
YATES COUNTY	\$102,981
NEW YORK CITY	\$52,793,109
NYSCSPC	\$12,193,501
TOTALS	\$ 118,462,858

APPENDIX E

LOCAL DISTRICT SCU and NYSCSPC ADDRESSES

LOCAL DISTRICT NAME	MAILING ADDRESS	PHYSICAL ADDRESS
ALBANY CO SUPPORT COLLECTION UNIT	30 CLINTON AVENUE ALBANY NY 12207-0000	30 CLINTON AVENUE ALBANY NY 12207-0000
ALLEGANY CO SUPPORT COLLECTION UNIT	PO BOX 27 BELMONT NY 14813-0000	7 COURT STREET BELMONT NY 14813-0000
BROOME CO SUPPORT COLLECTION UNIT	PO BOX 4000 BINGHAMTON NY 13902-4000	36- 42 MAIN STREET BINGHAMTON NY 13902-4000
CATTARAUGUS CO SUPPORT COLLECTION UNIT	1 LEO MOSS DRIVE SUITE 1811 OLEAN NY 14760-0000	1 LEO MOSS DRIVE SUITE 1811 OLEAN NY 14760-0000
CAYUGA CO SUPPORT COLLECTION UNIT	160 GENESEE STREET AUBURN NY 13021-0000	160 GENESEE STREET AUBURN NY 13021-0000
CHAUTAUQUA CO SUPPORT COLLECTION UNIT	HALL R CLOTHIER BUILDING 7 NORTH ERIE STREET MAYVILLE NY 14757-0000	HALL R CLOTHIER BUILDING 7 NORTH ERIE STREET MAYVILLE NY 14757-0000
CHEMUNG CO SUPPORT COLLECTION UNIT	PO BOX 588 ELMIRA NY 14904-0000	425 PENNSYLVANIA AVENUE ELMIRA NY 14904-0000

LOCAL DISTRICT NAME	MAILING ADDRESS	PHYSICAL ADDRESS
CHENANGO CO SUPPORT COLLECTION UNIT	PO BOX 590 NORWICH NY 13815-0000	14 PARK PLACE NORWICH NY 13815-0000
CLINTON CO SUPPORT COLLECTION UNIT	13 DURKEE STREET PLATTSBURGH NY 12901-0000	13 DURKEE STREET PLATTSBURGH NY 12901-0000
COLUMBIA CO SUPPORT COLLECTION UNIT	PO BOX 458 HUDSON NY 12534-0000	25 RAILROAD AVENUE HUDSON NY 12534-0000
CORTLAND CO SUPPORT COLLECTION UNIT	60 CENTRAL AVENUE CORTLAND NY 13045-0000	60 CENTRAL AVENUE CORTLAND NY 13045-0000
DELAWARE CO SUPPORT COLLECTION UNIT	PO BOX 269 DELHI NY 13753-0000	111 MAIN STREET DELHI NY 13753-0000
DUTCHESS CO SUPPORT COLLECTION UNIT	60 MARKET STREET POUGHKEEPSIE NY 12601-0000	60 MARKET STREET POUGHKEEPSIE NY 12601-0000
ERIE CO SUPPORT COLLECTION UNIT	95 FRANKLIN STREET ROOM 728 BUFFALO NY 14202-0000	95 FRANKLIN STREET ROOM 728 BUFFALO NY 14202-0000
ESSEX CO SUPPORT COLLECTION UNIT	PO BOX 217 ELIZABETHTOWN NY 12932-0000	7551 COURT STREET ELIZABETHTOWN NY 12932-0000

LOCAL DISTRICT NAME	MAILING ADDRESS	PHYSICAL ADDRESS
FRANKLIN CO SUPPORT COLLECTION UNIT	355 WEST MAIN STREET SUITE 331 MALONE NY 12953-0000	355 WEST MAIN STREET SUITE 331 MALONE NY 12953-0000
FULTON CO SUPPORT COLLECTION UNIT	PO BOX 549 JOHNSTOWN NY 12095-0000	4 DAISY LANE JOHNSTOWN NY 12095-0000
GENESEE CO SUPPORT COLLECTION UNIT	5130 EASE MAIN STREET ROAD SUITE 3 BATAVIA NY 14020-0000	5130 EASE MAIN STREET ROAD SUITE 3 BATAVIA NY 14020-0000
GREENE CO SUPPORT COLLECTION UNIT	411 MAIN STREET CATSKILL NY 12414-0000	411 MAIN STREET CATSKILL NY 12414-0000
HAMILTON CO SUPPORT COLLECTION UNIT	PO BOX 725 INDIAN LAKE NY 12842-0000	139 WHITE BIRCH LANE INDIAN LAKE NY 12842-0000
HERKIMER CO SUPPORT COLLECTION UNIT	301 NORTH WASHINGTON ST SUITE 2210 HERKIMER NY 13350-0000	301 NORTH WASHINGTON ST SUITE 2210 HERKIMER NY 13350-0000
JEFFERSON CO SUPPORT COLLECTION UNIT	250 ARSENAL STREET WATERTOWN NY 13601-0000	250 ARSENAL STREET WATERTOWN NY 13601-0000
LEWIS CO SUPPORT COLLECTION UNIT	PO BOX 193 LOWVILLE NY 13367-0000	5274 OSTOWE STREET LOWVILLE NY 13367-0000

LOCAL DISTRICT NAME	MAILING ADDRESS	PHYSICAL ADDRESS
LIVINGSTON CO SUPPORT COLLECTION UNIT	1 MURRAY HILL DRIVE MOUNT MORRIS NY 14510-0000	1 MURRAY HILL DRIVE MOUNT MORRIS NY 14510-0000
MADISON CO SUPPORT COLLECTION UNIT	PO BOX 547 WAMPSVILLE NY 13163-0000	133 NORTH CHURCH STREET BUILDING 1 WAMPSVILLE NY 13163-0000
MONROE CO SUPPORT COLLECTION UNIT	33 NORTH FITZHUGH STREET ROCHESTER NY 14614-0000	33 NORTH FITZHUGH STREET ROCHESTER NY 14614-0000
MONTGOMERY CO SUPPORT COLLECTION UNIT	PO BOX 845 FONDA NY 12068-0000	64 BROADWAY FONDA NY 12068-0000
NASSAU CO SUPPORT COLLECTION UNIT	60 CHARLES LINDBURGH BLVD SUITE 160 UNIONDALE NY 11553-0000	60 CHARLES LINDBURGH BLVD SUITE 160 UNIONDALE NY 11553-0000
NEW YORK CITY SUPPORT COLLECTION UNIT	PO BOX 725 NEW YORK NY 10013-0000	2 WASHINGTON STREET NEW YORK NY 10013-0000
NIAGARA CO SUPPORT COLLECTION UNIT	PO BOX 506 LOCKPORT NY 14095-0000	20 EAST AVENUE LOCKPORT NY 14095-0000
NON-IV-D SERVICES	40 NORTH PEARL STREET ALBANY NY 12243-0000	40 NORTH PEARL STREET ALBANY NY 12243-0000

LOCAL DISTRICT NAME	MAILING ADDRESS	PHYSICAL ADDRESS
ONEIDA CO SUPPORT COLLECTION UNIT	COUNTY OFFICE BUILDING 800 PARK AVENUE UTICA NY 13501-0000	COUNTY OFFICE BUILDING 800 PARK AVENUE UTICA NY 13501-0000
ONONDAGA CO SUPPORT COLLECTION UNIT	421 MONTGOMERY STREET 4 TH FL SYRACUSE NY 13202-0000	421 MONTGOMERY STREET 4 TH FL SYRACUSE NY 13202-0000
ONTARIO CO SUPPORT COLLECTION UNIT	3010 COUNTY COMPLEX DRIVE CANANDAIGUA NY 14424-0000	3010 COUNTY COMPLEX DRIVE CANANDAIGUA NY 14424-0000
ORANGE CO SUPPORT COLLECTION UNIT	PO BOX 671 GOSHEN NY 10924-0000	11 QUARRY ROAD GOSHEN NY 10924-0000
ORLEANS CO SUPPORT COLLECTION UNIT	COUNTY OFFICE BUILDING 14016 ROUTE 31 ALBION NY 14411-0000	COUNTY OFFICE BUILDING 14016 ROUTE 31 ALBION NY 14411-0000
OSWEGO CO SUPPORT COLLECTION UNIT	PO BOX 436 MEXICO NY 13114-0000	100 SPRING STREET MEXICO NY 13114-0000
OTSEGO CO SUPPORT COLLECTION UNIT	COUNTY OFFICE BUILDING 197 MAIN STREET COOPERSTOWN NY 13326-0000	COUNTY OFFICE BUILDING 197 MAIN STREET COOPERSTOWN NY 13326-0000
PUTNAM CO SUPPORT COLLECTION UNIT	110 OLD ROUTE SIX CENTER CARMEL NY 10512-0000	110 OLD ROUTE SIX CENTER CARMEL NY 10512-0000

LOCAL DISTRICT NAME	MAILING ADDRESS	PHYSICAL ADDRESS
RENSSELAER CO SUPPORT COLLECTION UNIT	FLANAGAN SQUARE 547 RIVER STREET TROY NY 12181-0000	FLANAGAN SQUARE 547 RIVER STREET TROY NY 12181-0000
ROCKLAND CO SUPPORT COLLECTION UNIT	DR ROBERT L YEAGER HEALTH CENTER BUILDING C 2 ND FL 50 SANATORIUM ROAD POMONA NY 10970-0307	DR ROBERT L YEAGER HEALTH CENTER BUILDING C 2 ND FL 50 SANATORIUM ROAD POMONA NY 10970-0307
SARATOGA CO SUPPORT COLLECTION UNIT	152 WEST HIGH STREET BALLSTON SPA NY 12020-0000	152 WEST HIGH STREET BALLSTON SPA NY 12020-0000
SCHENECTADY CO SUPPORT COLLECTION UNIT	797 BROADWAY SUITE 302 SCHENECTADY NY 12305-0000	797 BROADWAY SUITE 302 SCHENECTADY NY 12305-0000
SCHOHARIE CO SUPPORT COLLECTION UNIT	PO BOX 401 SCHOHARIE NY 12157-0000	284 MAIN STREET 2 ND FL SCHOHARIE NY 12157-0000
SCHUYLER CO SUPPORT COLLECTION UNIT	HUMAN SERVICES COMPLEX 323 OWEGO STREET UNIT 3 MONTOUR FALLS NY14865-0000	HUMAN SERVICES COMPLEX 323 OWEGO STREET UNIT 3 MONTOUR FALLS NY14865-0000
SENECA CO SUPPORT COLLECTION UNIT	PO BOX 690 WATERLOO NY 13165-0000	1 DIPRONIO DRIVE WATERLOO NY 13165-0000

LOCAL DISTRICT NAME	MAILING ADDRESS	PHYSICAL ADDRESS
ST.LAWRENCE CO SUPPORT COLLECTION UNIT	COUNTY OFFICE BUILDING 6 JUDSON STREET CANTON NY 13617-0000	COUNTY OFFICE BUILDING 6 JUDSON STREET CANTON NY 13617-0000
STEUBEN CO SUPPORT COLLECTION UNIT	PO BOX 233 BATH NY 14810-0000	3 EAST PULTNEY STREET BATH NY 14810-0000
SUFFOLK CO SUPPORT COLLECTION UNIT	PO BOX 18030 HAUPPAUGE NY 11788-0000	3455 VETERANS MEMORIAL HIGHWAY RONKONKOMA NY 11779-0000
SULLIVAN CO SUPPORT COLLECTION UNIT	COUNTY GOV'T CENTER 100 NORTH STREET MONTICELLO NY 12701-0000	COUNTY GOV'T CENTER 100 NORTH STREET MONTICELLO NY 12701-0000
TIOGA CO SUPPORT COLLECTION UNIT	20 COURT STREET SUITE 2 OWEGO NY 13827-0000	20 COURT STREET SUITE 2 OWEGO NY 13827-0000
TOMPKINS CO SUPPORT COLLECTION UNIT	PO BOX 7055 ITHACA NY 14850-7055	320 WEST STATE STREET ITHACA NY 14850-5432
ULSTER CO SUPPORT COLLECTION UNIT	1011 DEVELOPMENT COURT KINGSTON NY 12401-0000	1011 DEVELOPMENT COURT KINGSTON NY 12401-0000
WARREN CO SUPPORT COLLECTION UNIT	1340 ROUTE 9 LAKE GEORGE NY 12845-0000	1340 ROUTE 9 LAKE GEORGE NY 12845-0000

LOCAL DISTRICT NAME	MAILING ADDRESS	PHYSICAL ADDRESS
WASHINGTON CO SUPPORT COLLECTION UNIT	383 BROADWAY FORT EDWARD NY 12828-0000	383 BROADWAY FORT EDWARD NY 12828-0000
WAYNE CO SUPPORT COLLECTION UNIT	PO BOX 56 LYONS NY 14489-0000	77 WATER STREET LYONS NY 14489-0000
WESTCHESTER CO SUPPORT COLLECTION UNIT	100 EAST FIRST STREET 5 TH FL MOUNT VERNON NY 10550-3488	100 EAST FIRST STREET 5 TH FL MOUNT VERNON NY 10550-3488
WYOMING CO SUPPORT COLLECTION UNIT	PO BOX 231 WARSAW NY 14569-0000	466 NORTH MAIN STREET WARSAW NY 14569-0000
YATES CO SUPPORT COLLECTION UNIT	477 LIBERTY STREET SUITE 2122 PENN YAN NY 14527-0000	477 LIBERTY STREET SUITE 2122 PENN YAN NY 14527-0000
NEW YORK STATE CHILD SUPPORT PROCESSING CENTER		UNDISCLOSED LOCATION LOCATED WITHIN THIRTY (30) MILES OF ALBANY.

Appendix J

Required Forms

- J.1 Confidentiality Agreement
- J.2 Non-Collusive Bidding Certification
- J.3 MacBride Fair Employment Principals
- J.4 Procurement Lobbying Act Offerer's Certification and Affirmation of Understanding of and Agreement pursuant to State Finance Law §139-j and k PLA
- J.5 Non-Construction For-Profit Vendor Responsibility Questionnaire
- J.6 Disclosure of Prior Non-Responsibility Determinations
- J.7 Contractor Certification to Covered Agency ST-220-CA
- J.8 Contractor Certification ST-220-TD
- J.9 MWBE/EEO Policy Statement
- J.10 MWBE Subcontractor Utilization Plan
- J.11 MWBE Subcontractors or Suppliers Letter of Intent to Participate
- J.12 EEO Staffing Plan
- J.13 MWBE Goal Requirement Certification of Good Faith Efforts
- J.14 MWBE Request for Waiver Form (Not Required Unless Applying for Waiver)
- J.15 Bidder Application Form
- J.16 Subcontractor and Supplier Identification Form

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

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

State of _____

ss. : _____

County of _____

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

_____, of _____,
(Title or Capacity) (Name of Firm)

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

(Name of Firm)

By: _____ **(Signature)**

Sworn to before me this day of _____, 20__

NOTARY PUBLIC

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

SECTION 1 39-D. Statement of Non-Collusion in bids to the State:

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

[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 _____, 20__ as the act and deed of said corporation or partnership.

Exhibit 1: Non-Collusive Bidding Certification-3

Identifying Data

Potential Contractor: _____

Address: _____

Street

City, Town, etc.

Telephone: _____ Title: _____

If applicable, Responsible Corporate Officer

Name: _____ Title: _____

Signature: _____

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

Legal name of person, firm or corporation

Legal name of person, firm or corporation

By _____
Name

Name

Title

Title

Address _____
Street

Street

City State

City State

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

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

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

(1) has business operations in Northern Ireland;

Yes _____ or No _____

if yes:

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

Yes _____ or No _____

Signature

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

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

By:

Date:

Name:

Title:

Contractor Name:

Contractor Address:

Offerer Certification:

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

Authorized Signature

Non-Construction For-Profit Vendor Responsibility Questionnaire

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

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

Disclosure of Prior Non-Responsibility Determinations

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

Address: _____

Name and Title of Person Submitting this Form: _____

Contract Procurement Number: _____

Date: _____

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

No Yes

If yes, please answer the next questions:

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

No Yes

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

No Yes

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

Governmental Entity: _____

Date of Finding of Non-responsibility: _____

Basis of Finding of Non-Responsibility: _____

(Add additional pages as necessary)

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

No

Yes

6. If yes, please provide details below.

Governmental Entity: _____

Date of Termination or Withholding of Contract: _____

Basis of Termination or Withholding: _____

(Add additional pages as necessary)

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

By: _____ Date: _____

Signature

Name: _____

Title: _____



Contractor Certification to Covered Agency

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

ST-220-CA

(12/11)

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

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

I, _____, hereby affirm, under penalty of perjury, that I am _____

(name) *(title)*

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

(Mark an X in only one box)

- The contractor has filed Form ST-220-TD with the Department of Taxation and Finance in connection with this contract and, to the best of contractor's knowledge, the information provided on the Form ST-220-TD, is correct and complete.
- The contractor has previously filed Form ST-220-TD with the Tax Department in connection with _____
(insert contract number or description)

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

Sworn to this ____ day of _____, 20 ____

(sign before a notary public) *(title)*

Instructions

General information

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

Note: Form ST-220-CA must be signed by a person authorized to make the certification on behalf of the contractor, and the acknowledgement on page 2 of this form must be completed before a notary public.

When to complete this form

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

- i. The procuring entity is a *covered agency* within the meaning of the statute (see Publication 223, Q&A 5);
- ii. The contractor is a *contractor* within the meaning of the statute (see Publication 223, Q&A 6); and
- iii. The contract is a *contract* within the meaning of the statute. This is the case when it (a) has a value in excess of \$100,000 and (b) is a contract for *commodities* or *services*, as such terms are defined for purposes of the statute (see Publication 223, Q&A 8 and 9).

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

Individual, Corporation, Partnership, or LLC Acknowledgment

STATE OF }
: SS.:
COUNTY OF }

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

Town of _____,

County of _____,

State of _____; and further that:

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

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

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

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

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

Notary Public

Registration No.

Privacy notification

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

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

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

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

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

Need help?



Visit our Web site at www.tax.ny.gov

- get information and manage your taxes online
• check for new online services and features



Telephone assistance

Sales Tax Information Center: (518) 485-2889

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

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



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



Contractor Certification

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

ST-220-TD

(12/11)

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

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

General information

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

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

For more detailed information regarding this form and section 5-a of the Tax Law, see Publication 223, *Questions and Answers Concerning Tax Law Section 5-a*, (as amended, effective April 26, 2006). See *Need help?* for more information on how to obtain this publication.

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

Mail completed form to:

**NYS TAX DEPARTMENT
DATA ENTRY SECTION
W A HARRIMAN CAMPUS
ALBANY NY 12227**

Privacy notification

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

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

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

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

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

Need help?



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- get information and manage your taxes online
- check for new online services and features



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

I, _____, hereby affirm, under penalty of perjury, that I am _____

(name)

(title)

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

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

Section 1 — Contractor registration status

[] The contractor has made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made. The contractor is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to sections 1134 and 1253 of the Tax Law, and is listed on Schedule A of this certification.

[] The contractor has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

Section 2 — Affiliate registration status

[] The contractor does not have any affiliates.

[] To the best of the contractor's knowledge, the contractor has one or more affiliates having made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made, and each affiliate exceeding the \$300,000 cumulative sales threshold during such quarters is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to sections 1134 and 1253 of the Tax Law. The contractor has listed each affiliate exceeding the \$300,000 cumulative sales threshold during such quarters on Schedule A of this certification.

[] To the best of the contractor's knowledge, the contractor has one or more affiliates, and each affiliate has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

Section 3 — Subcontractor registration status

[] The contractor does not have any subcontractors.

[] To the best of the contractor's knowledge, the contractor has one or more subcontractors having made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made, and each subcontractor exceeding the \$300,000 cumulative sales threshold during such quarters is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to sections 1134 and 1253 of the Tax Law. The contractor has listed each subcontractor exceeding the \$300,000 cumulative sales threshold during such quarters on Schedule A of this certification.

[] To the best of the contractor's knowledge, the contractor has one or more subcontractors, and each subcontractor has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

Sworn to this ___ day of _____, 20 ____

(sign before a notary public)

(title)

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**

M/WBE SUBCONTRACTOR UTILIZATION PLAN

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

Offeror's Name:

Address:

City, State, Zip Code:

Region/Location of Work:

Federal Identification Number:

Solicitation Number:

Telephone Number:

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

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

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**

EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN

Submit with Bid or Proposal – Instructions on page 2

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

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

EEO-Job Category	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.:	DATE:
NAME AND TITLE OF PREPARER (Print or Type):		
EMAIL ADDRESS:		SUBMIT COMPLETED WITH BID OR PROPOSAL

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

Instructions for completing:

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

RACE/ETHNIC IDENTIFICATION

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

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

OTHER CATEGORIES

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

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;

+

MWBE SUBCONTRACTOR REQUEST FOR WAIVER FORM

INSTRUCTIONS: SEE PAGE 2 OF THIS ATTACHMENT FOR REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS.	
Offeror/Contractor Name:	Federal Identification No.:
Address:	Solicitation/Contract No.:
City, State, Zip Code:	M/WBE Goals: MBE % WBE %
By submitting this form and the required information, the offeror/contractor certifies that every Good Faith Effort has been taken to promote M/WBE participation pursuant to the M/WBE requirements set forth under the contract.	
Contractor is requesting a:	
1. <input type="checkbox"/> MBE Waiver – A waiver of the MBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial 2. <input type="checkbox"/> WBE Waiver – A waiver of the WBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial 3. <input type="checkbox"/> Waiver Pending ESD Certification – (Check here if subcontractors or suppliers of Contractor are not certified M/WBE, but an application for certification has been filed with Empire State Development.) Date of such filing with Empire State Development: _____	
PREPARED BY (Signature):	Date:
SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A AND 5 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.	
Name and Title of Preparer (Printed or Typed):	Telephone Number:
	Email Address:
***** FOR AGENCY USE ONLY *****	
Submit with the bid or proposal or if submitting after award, form must be submitted to the OTDA program manager. For questions regarding the form.	REVIEWED BY:
	DATE:
Contact: NYS OTDA M/WBE Program Management Unit Harlem Center 317 Lenox Avenue New York, New York 10027 (212) 961-8214	Waiver Granted: <input type="checkbox"/> YES <input type="checkbox"/> MBE: <input type="checkbox"/> <input type="checkbox"/> WBE: <input type="checkbox"/> <input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver <input type="checkbox"/> ESD Certification Waiver <input type="checkbox"/> *Conditional <input type="checkbox"/> Notice of Deficiency Issued _____
	*Comments:

REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS

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

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

Note:

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

New York State

Office of Temporary and Disability Assistance

BIDDER APPLICATION FORM INSTRUCTIONS

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

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

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

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

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

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

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

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

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

For businesses located in New York State:

1. To be considered a **Small Business**, a business must meet all the following four criteria:
 - The company is resident in New York State. It may have its home office or a branch office located in the State;

- The business is independently owned and operated;
- The business does not dominate in its field;
- The business employs one hundred or less persons; or,
- A Not-for-Profit organization may be considered a Small Business Concern if it meets the preceding criteria.

2. Empire State Development Corporation, Division of Minority and Woman's Business Development. Certification information is available by contacting the Empire State Development Corporation, Division of Minority and Women Business Development at (212) 803-2414 or (518) 292-5250.

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

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

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

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

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

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

NYS Department of State
 Division of Corporations
 One Commerce Plaza, 99 Washington Ave.
 Albany, NY 12231
www.dos.state.ny.us

RETURN THE COMPLETED FORM TO:

NYS Office of Temporary and Disability Assistance Attention:

Ms. Masillay Kamara

40 North Pearl Street, Section 12D Albany, NY 12243

tdabcm@dfa.state.ny.us

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

Firm Information (* Required entry)

*Federal Tax ID # (EIN): _____ Municipal Code: _____

*Business Name: _____

*Street Address: _____

*City: _____ *State: _____ *Zipcode: _____ - _____

County: _____
(If New York State)

Organization's Web Site (URL): _____

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

*Contact Person: _____
(Salutation) (First Name) (Last Name)

Title: _____ Email: _____

*Telephone: (____) _____ - _____ Extension: _____ Fax: (____) _____ - _____

~~Alternate Contact~~.....

Person: _____
(Salutation) (First Name) (Last Name)

Title: _____ Email: _____

*Telephone: (____) _____ - _____ Extension: _____ Fax: (____) _____ - _____

Organization Type (Check One)

For Profit

Not for Profit - If checked, enter your Charities Registration Number: ____ - ____ - ____

New York State Business (Check all that apply)

Small Business

Minority Owned and registered with the New York State Empire State Development Corporation

Woman Owned and registered with the New York State Empire State Development Corporation

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

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

Black Hispanic Asian/Pacific American/Alaskan Indian

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

Areas of Interest (Check all that apply)

Community, Families and Children's Services

- A&V Access and Visitation
- DV Services to Victims of Domestic Violence
- DPP Delinquency Prevention Programs
- PARE Parent Education and Support Services
- PCOU Professional Counseling Services
- RAP Refugee & Immigration Services
- INCM Temporary Assistance Services

Financial Management and Consultant Services

- CON Consultant Services
- CONA Academic & Research Consultants
- CONC Communication Consultant Services
- CONF Financial Consultant Services
- CONM Management Consultant Services
- EVAL Program Evaluation & Assessment Services
- TA Technical Assistance Services
- ACC Accounting/Auditing Services
- COLL Collection Services
- FSAG Fiscal Agent Services

EDP Services, Office Automation, Telecommunications Technology and Related Equipment Lease Services

- EDPD Electronic Data Processing-System Designers & Consultants
- EDPH Electronic Data Processing-Hardware
- EDPM Electronic Data Processing-Maintenance & Support
- EDPS Electronic Data Processing-Services

Housing Assistance and Related Services

- ADS Adult Services
- CODE Code Enforcement Services
- COS Construction Services
- HOUS Housing Improvement & Rehabilitation Services
- HSS Homelessness/Homeless Support Services
- RPSA Residential Placement Services
- ARC Architectural Services

Facilities & Operations and Support Services

- COU Courier & Transportation Services
- ELEC Code Electrical Supplies and Service
- FML Facility Management & Leasing
- INTC Internet Communications / Providers
- JAN Janitorial Services
- MOVE Movers
- PARK Parking Services
- MAIL Mail Equipment Sale & Maintenance
- COPM Copier Equipment Sale & Maintenance
- TRCK Trucking Services

Medical Assistance, Long Term Health, Disabilities Assessments and Related Services

- CEXS Consultative Examination Services
- HOSP Hospitals
- MEDT Medical Transcription – Secretarial Services
- PREV Peer Review Services Medical

- EDPT Electronic Data Processing-Training Services
- EDPW Electronic Data Processing-Software Support & Services

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

- | | | | |
|-------------------------------|---|-------------------------------|---|
| <input type="checkbox"/> ADVL | Advocacy – Legal | <input type="checkbox"/> ADVD | Disability Advocacy |
| <input type="checkbox"/> FP | Finger Imaging Technology | <input type="checkbox"/> LEG | Legal Counsel and Representative Services |
| <input type="checkbox"/> PEDC | Public Education Campaign Services | <input type="checkbox"/> PROM | Advertising Services |
| <input type="checkbox"/> PRIS | Private Investigator Services | <input type="checkbox"/> TRAN | Translation Services |
| <input type="checkbox"/> WPS | Stenographic/Transcription/Word Processing Services | <input type="checkbox"/> EMPS | Employment Services |

SUBCONTRACTOR AND SUPPLIER IDENTIFICATION FORM

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

Offeree's Name: _____ **Federal Identification Number:** _____
Address: _____ **Telephone Number:** _____
City, State, Zip Code: _____ **Email:** _____
Region/Location of Work: _____ **Will New York State businesses be used in the performance of this contract?** YES NO

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

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

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

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

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

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

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

Signature: _____
Authorized Signature

Date: _____

Telephone Number: _____

EMAIL Address: _____

Appendix N

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

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

1. *Equal Employment Opportunity* — All contracts shall contain a provision requiring compliance with E.O. 11246, “Equal Employment Opportunity,” as amended by E.O. 11375, “Amending Executive Order 11246 Relating to Equal Employment Opportunity,” and as supplemented by regulations at 41 CFR part 60, “Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor.”
2. *Copeland “Anti-Kickback” Act (18 U.S.C. 874 and 40 U.S.C. 276c)* — All contracts and subgrants in excess of \$2,000 for construction or repair awarded by recipients and subrecipients shall include a provision for compliance with the Copeland “Anti-Kickback” Act, 18 U.S.C. 874, as supplemented by Department of Labor regulations, 29 CFR part 3, “Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States.” The Act provides that each contractor or subrecipient shall be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he is otherwise entitled. The recipient shall report all suspected or reported violations to the Federal awarding agency.
3. *Davis-Bacon Act, as amended (40 U.S.C. 276a to a-7)* — When required by Federal program legislation, all construction contracts awarded by the recipients and subrecipients of more than \$2000 shall include a provision for compliance with the Davis-Bacon Act, 40 U.S.C. 276a to a-7, and as supplemented by Department of Labor regulations, 29 CFR part 5, “Labor Standards Provisions Applicable to Contracts Governing Federally Financed and Assisted Construction.” Under this Act, contractors shall be required to pay wages to laborers and mechanics at a rate not less than the minimum wages specified in a wage determination made by the Secretary of Labor. In addition, contractors shall be required to pay wages not less than once a week. The recipient shall place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation and the award of a contract shall be conditioned upon the acceptance of the wage determination. The recipient shall report all suspected or reported violations to the HHS awarding agency.
4. *Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333)* — Where applicable, all contracts awarded by recipients in excess of \$100,000 for construction contracts and for other contracts that involve the employment of mechanics or laborers shall include a provision for compliance with sections 102 and 107 of the Contract Work Hours and Safety Standards Act, 40 U.S.C. 327-333, as supplemented by Department of Labor regulations, 29 CFR part 5. Under section 102 of the Act, each contractor shall be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than 1½ times the basic rate of pay for all hours worked in excess of 40 hours in the work week. Section 107 of the Act is applicable to construction work and provides that no laborer or mechanic shall be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.
5. *Rights to Inventions Made Under a Contract or Agreement* — Contracts or agreements for the performance of experimental, developmental, or research work shall provide for the rights of the

Federal Government and the recipient in any resulting invention in accordance with 37 CFR part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any further implementing regulations issued by HHS.

6. *Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.)* — Contracts and subgrants of amounts in excess of \$100,000 shall contain a provision that requires the recipient to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, 42 U.S.C. 7401 *et seq.*, and the Federal Water Pollution Control Act, as amended 33 U.S.C. 1251 *et seq.* Violations shall be reported to the HHS and the appropriate Regional Office of the Environmental Protection Agency.
7. *Byrd Anti-Lobbying Amendment (31 U.S.C. 1352)* — Contractors who apply or bid for an award of more than \$100,000 shall file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any Federal agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier shall also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the recipient. (See also 45 CFR part 93).
8. *Debarment and Suspension (E.O.s 12549 and 12689)* — Certain contracts shall not be made to parties listed on the nonprocurement portion of the General Services Administration's "Lists of Parties Excluded from Federal Procurement or Nonprocurement Programs" in accordance with E.O.s 12549 and 12689, "Debarment and Suspension." (See 45 CFR part 76.) This list contains the names of parties debarred, suspended, or otherwise excluded by agencies, and contractors declared ineligible under statutory authority other than E.O. 12549. Contractors with awards that exceed the simplified acquisition threshold shall provide the required certification regarding their exclusion status and that of their principals prior to award.

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

APPENDIX Z

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

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

I. General Provisions

- A.** New York State Executive Law § 310–318, (Article 15-A: Participation by Minority Group Members and Women with Respect To State Contracts -- hereinafter “the Statute”), was enacted to promote equality of employment and economic opportunities for minority group members and women in State contracting activities. In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" (“Disparity Study”). The report found evidence of statistically significant disparities between the level of participation of minority and women-owned business enterprises in state procurement contracting versus the number of minority and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority and women-owned business enterprise program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that the New York State Office of Temporary and Disability Assistance (OTDA) establish goals for maximum feasible participation of New York State Certified minority and women – owned business enterprises (“MWBE”) and the employment of minority group members and women in the performance of New York State Contracts. The OTDA fully supports the efforts of the State of New York to promote Equal Employment Opportunity (EEO) for all persons, and to promote equality of economic opportunity for minority group members and women who own business enterprises.
- B.** The OTDA is required to implement the provisions of New York State Executive Law Article 15-A and 5 NYCRR Parts 142-144 (“MWBE Regulations”) for all State Contracts as defined therein, with a value (1) in excess of \$25,000 for labor, services, equipment, materials, or any combination of the foregoing or (2) in excess of \$100,000 for real property renovations and construction. Where deemed appropriate, the OTDA will implement the provisions of New York State Executive Law Article 15-A and the MWBE Regulations for all other OTDA Contracts. These requirements include equal employment opportunities for

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

- C. Copies of the required OTDA Forms are identified in this Appendix and available on the OTDA’s Internet site at <http://www.otda.ny.gov>. The Contractor agrees to complete and submit these forms without change in response to goals specified in the IFB or Contract. An electronic link to the current list of certified minority- and women-owned business enterprises also is available on the OTDA’s Internet site.
- D. Failure to comply with all of the requirements herein may result in a finding of non-responsiveness, non-responsibility and/or breach of contract, leading to the withholding of funds or such other actions, liquidated damages pursuant to Section VII of this Appendix or enforcement proceedings allowed by the Contract.
- E. Further information regarding Article 15-A of the New York State Executive Law and the New York State Minority and Women’s Business Enterprise Program is available on the DMWBD Internet site at <http://www.esd.ny.gov/ContactUs.asp>

II. Contract Goals

- A. For purposes of this procurement, the OTDA hereby establishes an overall goal of 30% for Minority and Women-Owned Business Enterprises (“MWBE”) participation, 15% for Minority-Owned Business Enterprises (“MBE”) participation and 15% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs). Additionally, an overall goal of 10-20% is established for Equal Employment Opportunity (“EEO”) participation.
- B. For purposes of providing meaningful participation by MWBEs on the Contract and achieving the Contract Goals established in Section II-A hereof, Contractor should reference the directory of New York State Certified MBWEs found at the following internet address: <http://www.esd.ny.gov/ContactUs.asp>

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

- C.** Where MWBE goals have been established herein, pursuant to 5 NYCRR §142.8, Contractor must document “good faith efforts” to provide meaningful participation by MWBEs as Subcontractors or suppliers in the performance of the Contract. In accordance with Section 316-a of Article 15-A and 5 NYCRR §142.13, the Contractor acknowledges that if Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such a finding constitutes a breach of contract and the Contractor shall be liable to the OTDA for liquidated or other appropriate damages, as set forth herein.
- D.** As a condition of the Contract, the Contractor and the OTDA agree to be bound by the provisions of §316 of Article 15-A of the New York State Executive Law regarding enforcement.
- E.** The OTDA reserves the right to establish separate and different goals on any State Contract, as identified in the specified procurement. For guidance on what factors the OTDA will consider in determining what goals are appropriate in relation to a specific State Contract, refer to 5 NYCRR § 142.2.

III. EEO Requirements

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

 - 1.** Contractor and Subcontractors shall undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, EEO shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation.
 - 2.** The Contractor shall submit an EEO policy statement to the OTDA within seventy two (72) hours after the date of the notice by the OTDA to award the Contract to the Contractor.
 - 3.** If Contractor or Subcontractor does not have an existing EEO policy statement, the OTDA may provide the Contractor or Subcontractor a model statement (see OTDA 4970 – Minority/Women Business Enterprise (MWBE)/Equal Employment Opportunity (EEO) Policy Statement).
 - 4.** The Contractor’s EEO policy statement shall include the following language:

 - a.** The Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age,

disability or marital status, will undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force.

- b. The Contractor shall state in all solicitations or advertisements for employees that, in the performance of the Contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.
- c. The Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union, or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.
- d. The Contractor will include the provisions of Subdivisions (a) through (c) of this Subsection 4 which provides for relevant provisions of the Human Rights Law, in every Subcontract in such a manner that the requirements of the subdivisions will be binding upon each Subcontractor as to work in connection with the Contract.

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

To ensure compliance with this Section, the Contractor shall submit a staffing plan to document the composition of the proposed workforce to be utilized in the performance of the Contract by the specified categories listed, including ethnic background, gender, and Federal occupational categories. Contractors shall complete the Staffing plan form and submit it as part of their bid or proposal or within a reasonable time, but no later than the time of award of the Contract.

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

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

2. Separate forms shall be completed by Contractor and any Subcontractor performing work on the Contract.
 3. In limited instances, Contractor may not be able to separate out the workforce utilized in the performance of the Contract from Contractor's and/or Subcontractor's total workforce. When a separation can be made, Contractor shall submit the Workforce Report and indicate that the information provided related to the actual workforce utilized on the Contract. When the workforce to be utilized on the Contract cannot be separated out from Contractor's and/or Subcontractor's total workforce, Contractor shall submit the Workforce Report and indicate that the information provided is Contractor's total workforce during the subject time frame, not limited to work specifically under the Contract.
 4. In the case where the Contractor's and/or Subcontractor's work force does not change within the quarterly period, the Contractor shall so notify the OTDA in writing.
 5. All forms and reports will be submitted to the OTDA program manager for this Contract and forwarded to NYS OTDA, MWBE Program Management Unit, Harlem Center, 317 Lenox Avenue, NYC, NY 10027; (212) 961-8214; e-mail to: otda.sm.co.quarterly.compliance.eeo.staffing.reports@otda.ny.gov.
- E. Contractor shall comply with the provisions of the Human Rights Law, and all other State and Federal statutory and constitutional non-discrimination provisions. Contractor and Subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

IV. MWBE Requirements

The Contractor acknowledges that it is the policy of the State of New York and of the OTDA that MWBEs shall be given the opportunity for meaningful participation in the performance of State Contracts. Therefore, Contractors agree to make good faith efforts to solicit active participation to meet established goals under this procurement by MWBEs identified in the ESD directory of certified businesses¹, which can be viewed at:

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

<https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&XID=4687>

1. For the purposes of this Appendix Z, the question of whether a Contractor has engaged in and documented “Good Faith Efforts” to solicit active participation to meet established goals under this procurement by MWBEs in the performance of State Contracts shall be determined by the OTDA Commissioner or his/her designee, after a thorough consideration of the factors listed in 5 NYCRR § 142.8.
 2. The separate MBE and WBE participation goals established by the OTDA for this procurement are based on the overall availability of MWBEs that have been certified to perform the specific scope of work identified under this procurement. For compliance purposes, these goals should not be construed as rigid and inflexible quotas which must be met, but must be targets reasonably attainable by means of applying every good faith effort to make all aspects of the entire Minority and Women-owned Business Program work.
- A. The Contractor represents and warrants that Contractor has submitted the following the OTDA forms either prior to, or at the time of, the execution of the Contract:
1. MWBE Utilization Plan (OTDA Form 4937)
 - a. Contractor agrees to use such MWBE Utilization Plan for the performance of MWBEs on the Contract pursuant to the prescribed MWBE goals set forth in Section II-A of this Appendix.
 - b. If a Contractor seeks modification to its previously approved MWBE Subcontractor Utilization Plan, the Contractor shall first notify the OTDA in writing of such change and obtain approval from the OTDA.
 - c. Contractor further agrees that a failure to submit and/or use such MWBE Utilization Plan shall constitute a material breach of the terms of the Contract. Upon the occurrence of such a material breach, the OTDA shall be entitled to any remedy provided herein, including but not limited to, a finding of Contractor non-responsiveness.
 2. Certification of Good Faith Efforts (OTDA Form 4976) to achieve the overall prescribed MWBE participation percentage (30%) goals set forth in the procurement.
 3. A MWBE Subcontractor’s and/or Suppliers’ Letter of Intent to Participate (OTDA Form 4938), which should document the names and signatures of certified MBEs and/or WBEs which have agreed to participate as Subcontractors on the Contract.

V. Waivers

- A. For Waiver Requests Contractor should use the OTDA Form 4969 Minority/Women Business Enterprise (MWBE) Subcontractor Request for Waiver Form.
- B. If the Contractor, after making good faith efforts, is unable to comply with MWBE goals, the Contractor may submit a request for waiver form documenting good faith efforts by the Contractor to meet such goals. If the documentation included with the waiver request is complete, the OTDA shall evaluate the request and issue a written notice of acceptance or denial within twenty (20) days of receipt.
- C. If the OTDA, upon review of the MWBE Utilization Plan and updated Quarterly MWBE Contractor Compliance Reports, determines that Contractor is failing or refusing to comply with the Contract goals and no waiver has been issued in regards to such non-compliance, the OTDA may issue a notice of deficiency to the Contractor. The Contractor must respond to the notice of deficiency within seven (7) business days of receipt. Such response may include a request for partial or total waiver of MWBE Contract Goals.

VI. Quarterly MWBE Contractor Compliance Reports

- A. Contractor is required to submit the Minority/Women Business Enterprise (MWBE) Subcontractor Quarterly Compliance Report (OTDA Form 4968) to the OTDA by the 10th day following each end of quarter over the term of the Contract documenting the progress made towards achievement of the MWBE goals of the Contract.
- B. All reports will be submitted to the OTDA program manager for this Contract and forwarded to NYS OTDA, MWBE Program Management Unit, Harlem Center, 317 Lenox Avenue, NYC, NY 10027; (212) 961-8214; e-mail to: otda.sm.co.quarterly.compliance.eeo.staffing.reports@otda.ny.gov
- C. Failure to timely submit a Contractor's MWBE Subcontractor Quarterly Compliance Report and/or other reports or information as requested by the OTDA may result in payments under the Contract being delayed until such reports or other information have been received by the OTDA.² The OTDA may also deem other noncompliance with requirements under the Statute as a breach of contract and commence any other means of enforcement permitted under the Contract and/or by law.

VII. Liquidated Damages – MWBE Participation

- A. Where the OTDA determines that Contractor is not in compliance with the requirements of the Contract and Contractor refuses to comply with such

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

requirements, or if Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals, Contractor shall be obligated to pay to the OTDA liquidated damages.

- B.** Such liquidated damages shall be calculated as an amount equaling the difference between: (a) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (b) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.
- C.** Determinations of compliance or non-compliance with the Contract's MWBE participation requirements shall be based upon the Contractor's Utilization Plan, MWBE Sub-Contractor Quarterly Reports, and any relevant documentation related thereto. The determination of what constitutes the willful and intentional failure to comply with the MWBE participation requirements will be based upon the evaluation of the same criteria considered in evaluating an MWBE Subcontractor waiver request.
- D.** Upon a determination that a willful and intentional failure to comply with the MWBE participation requirements has occurred, the OTDA shall withhold the amount established in paragraph B from any future payments otherwise required by this Contract. All funds being withheld pursuant to this provision shall be offset as liquidated damages upon the expiration or termination of the Contract, unless the Contractor comes into compliance with the MWBE requirements at any time during the term of the Contract but prior to the submission of a request for final payment on the Contract. All payments withheld pursuant to this provision shall be released upon the OTDA's determination that the Contractor has come into compliance.
- E.** In the event a determination has been made which requires the payment of liquidated damages and such identified sums have not been withheld by the OTDA, Contractor shall pay such liquidated damages to the OTDA within sixty (60) days after they are assessed by the OTDA unless prior to the expiration of such sixtieth day, the Contractor has filed a complaint with the Director of the Division of Minority and Woman Business Development pursuant to Subdivision 8 of Section 313 of the Executive Law in which event the liquidated damages shall be payable if Director renders a decision in favor of the OTDA.

VIII. Sanctions

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

- Disallowance of costs associated with such noncompliance;
- Initiation of procedures to suspend or terminate the grant or Contract;
- Withholding of progress payments until such time as corrective actions have been undertaken by the Contractor to the satisfaction of the OTDA;

- Deleting Contractor's name from bid lists for a specified period of time to be determined in the sole discretion of the OTDA;
- Report Contractor as non-responsible to NYS OSC Vendor Responsibility System; and
- Other sanctions of which a Contractor has notice in writing prior to or during the performance of a Contract.