NEW YORK STATE OF OPPORTUNITY. | Office of Temporary and Disability Assistance

Release Date: August 13, 2015

Request for Proposal

United States Repatriation Program Non-Emergency Services in New York City

Submission Deadline: September 18, 2015

BIDDERS' TELEPHONE CONFERENCE

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

Conference Call Date and Time	**August 20, 2015**
Conference Call-In Number	**866.394.2346**
Conference Code	**9832145369**

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PART A – Summary Information

I. Introduction

The New York State Office of Temporary and Disability Assistance (OTDA) through its Bureau of Refugee and Immigrant Assistance (BRIA), issues this RFP to select one agency/entity to administer repatriation services through a coordinated community-based approach and comprehensive case management to repatriates determined eligible and referred by the United States Department of State (DOS).

The successful service provider will be expected to serve repatriates in the five counties of New York City (Bronx, Kings, Queens, New York and Richmond).

PREQUALIFICATION REQUIREMENT

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

Proposals received from not-for-profit applicants that have not Registered and are not Prequalified in the Grants Gateway on the proposal due date of 5:00 p.m. on September 18, 2015 cannot be evaluated. Such proposals will be disqualified from further consideration.

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

1) **Register for the Grants Gateway.**

   - On the Grants Reform Website, download a copy of the Registration Form for Administrator. A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

   - If you have previously registered and do not know your Username please email grantsreform@budget.ny.gov. If you do not know your Password please click the Forgot Password link from the main log in page and follow the prompts.

2) **Complete your Prequalification Application.**

   - Log in to the Grants Gateway. **If this is your first time logging in,** you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.

   - Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.

   - Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Proposal.

- Specific questions about the prequalification process should be referred to the OTDA prequalification representative Rick Umholtz at Richard.Umholtz@otda.ny.gov or to the Grants Reform Team at grantsreform@budget.ny.gov.

3) Submit Your Prequalification Application.

- After completing your Prequalification Application, click the ***Submit Document Vault*** link located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.

- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.

- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

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

II. Procurement Schedule/ Submission Guidelines

OTDA/BRIA reserves the right to modify the dates.

Release Date of the Request for Proposals	August 13, 2015
Bidders' Conference Call	August 20, 2015
Deadline for Written Questions	August 24, 2015
Responses to Questions	September 1, 2015
Due Date and Time for Proposals	**September 18, 2015 by 5:00 p.m.**
Anticipated Notification of Awards	October 26, 2015
Anticipated Contract Start	January 1, 2016

QUESTIONS AND ANSWERS REGARDING THIS RFP

Prospective applicants may submit questions via fax, email or written correspondence to the individual and address below. Questions must be submitted no later than 5:00 p.m. on August 24, 2015.

Linda Veraska
New York State Office of Temporary and Disability Assistance
Bureau of Refugee and Immigrant Assistance
40 North Pearl Street, 10th Floor, Section C
Albany, New York 12243-0001
Phone: (518) 473-1178
Fax: (518) 402-3029
Email: linda.veraska@otda.ny.gov

OTDA/BRIA will respond in writing to questions by September 1, 2015. A written copy of the questions and answers will be either mailed or e-mailed to applicants who request one. Questions and answers also will be posted on the *Contracts and Grants* web page, located at http://www.otda.ny.gov.

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

PROPOSAL SUBMITTAL

One original and three copies *or* one original and three CDs (CDs must be labeled clearly with the agency name) of the entire application submission package (not stapled, bound or paper clipped) must be sent to the Bureau of Contract Management at the address below. All proposals ***must*** be received by mail, hand delivery, courier service, FEDEX or UPS delivery by 5:00 p.m. on September 18, 2015. Any proposal received after the deadline may be reviewed at the discretion of OTDA/BRIA. OTDA/BRIA will not accept faxed proposals, or proposals sent via electronic mail.

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

III. Legal Authority

The United States Repatriation Program (hereinafter USRP) is funded by the United States Department of Health and Human Services (DHHS) and administered by the Office of Refugee Resettlement (ORR). The United States Repatriation Program is found under the Catalog of Federal Domestic Assistance (CFDA), No. 93.579, of the Department of Health and Human Services (DHHS) program title, U.S. Repatriation. The program was established by Title XI, Section 1113 of the Social Security Act and Public Law 86-571 to provide temporary assistance to U.S. citizens and their dependents who have been identified by the United States DOS as having been brought from a foreign country to the United States because of civil unrest, destitution, illness or other circumstances and are without available resources. This assistance is not an entitlement but a service loan repayable to the U.S. Government.

The ORR is authorized to enter into a cooperative agreement with states to provide such assistance, in consultation with ORR, within the United States. The cooperative agreement gives states the authority to contract with public or private service providers to assist ORR and/or its subcontractor with the coordination of non-emergency activities and in delivering such assistance to repatriated individuals. Presently, ORR oversees a cooperative agreement with International Social Service (ISS-USA), which in consultation with ORR coordinates with State Coordinators (e.g., State agency, private providers) for the provision of temporary assistance under non-emergency activities.

IV. Program Description

DESCRIPTION

The repatriation process begins when the DOS receives a request for repatriation from U.S. embassies and consulates abroad, determines eligibility, and refers the eligible repatriate to ISS.

In New York State, OTDA/ BRIA receives a referral from ISS regarding the arrival of a repatriate into New York City (NYC). Upon receipt, OTDA/BRIA forwards the referral to the contracted service provider under this RFP which will plan for the arrival of the repatriate and make any necessary and allowable arrangements for assistance that is being requested or needed. As information is needed, the BRIA Repatriation Program Coordinator and the service provider will communicate with ISS.

Upon the repatriate's arrival, the service provider will directly provide or arrange for provision of assistance. Please note that most repatriation cases require urgent and immediate action prior to the availability of comprehensive information regarding the repatriate.

DEFINITIONS

• ***Repatriate:*** A U.S. citizen and/or dependent who is determined by the DOS to have returned or is being returned to the U.S. from a foreign country due to destitution, illness, war, threat of war or similar crisis and is without available resources.

• ***Referral:*** A referral originates from overseas at a U.S. embassy or consular office. It is typically in the form of a cable that is relayed to ISS by the U.S. Department of State Bureau of Consular Affairs. The federal Administration for Children and Families guidance document is used by the referring embassy or consulate to constitute the faxed or emailed referral from their contractor, International Social Services. The content of the referral will typically identify the repatriate and the services requested. The referral also has some demographic information and a brief description of the history or the event that prompted the request. It also indicates that there may be other attachments pertinent to the case.

• ***Privacy Act Waiver (PAW)/Loan Repayment Agreement (ACF-120)*:** A Federal Form ACF-120 combines a Privacy Act Statement and a Loan Repayment Agreement and is signed where applicable upon arrival. This Privacy Act Statement addresses confidentiality concerns so that the service provider may proceed with repatriation services without hindrance. The signed Loan Repayment Agreement commits the repatriate to reimburse DHHS for repatriation expenses incurred on his/her behalf.

• ***Modified Privacy Act Statement*:** Some repatriates sign a privacy act statement that allows confidential information to be released *only* to the entity or entities specifically listed in the document. The signed modified privacy act statement is usually attached to the referral document.

• ***Certificate of Mental Incompetence*:** A Certificate of Mental Incompetence is a federal form signed by a physician and attached to the referral. A substitute document may be used to accomplish the same purpose. This document identifies the repatriate and establishes an appropriate diagnosis of the mental condition, including the nature of the treatment that needs to be provided. This certification form may facilitate a service provider's efforts to obtain a mental health evaluation for the repatriate. If a person is mentally incompetent, a Certificate of Mental Incompetence replaces the Privacy Act Waiver/Loan Repayment Agreement (PAW).

• ***Port of Entry (POE):*** This is the location, designated by the DOS, in which the repatriate first arrives from a foreign country. In many cases, this is also the final destination. Port of Entry transit services may be provided to a repatriate on his/her way to another location.

CONTRACT TERM

The USRP service provider selected under this RFP will enter into a 63-month contract. The contract term is anticipated to begin on 1/1/2016.

In order to preserve continuity of services, BRIA/OTDA's current contract has a period of overlap so new referrals may be accepted until 12/31/2015 and allowable services may be provided for up to ninety (90) days until 3/31/2016.

The new contract will provide the same overlap period, so cases can be received, and services provided, up until 12/31/2020. Referrals may be accepted until 12/31/2020 and allowable services may be provided for up to ninety (90) days until 3/31/2021. Referrals received after 12/31/2020 will be covered under the next contract term.

V. Eligible Applicants

Only proposals submitted by Eligible Applicants, as defined below, will be accepted for review.

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

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

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

Not for profit agencies must be registered on the Grants Reform website in order to be eligible for this and future RFPs. Complete instructions on how to register can be found at the following website: http://www.grantsreform.ny.gov/Grantees.

New York State vendors are required to file a Vendor Responsibility Questionnaire available through the New York State VendRep System. Instructions on how to complete and file the questionnaire can be found on the VendRep website www.osc.state.ny.us/vendrep. Vendors may contact the Office of the State Comptroller's (OSC) Help Desk with any questions at 518-408-4672, 1-866-370-4672 or ciohelpdesk@osc.state.ny.us.

VI. Eligible Individuals

Eligible individuals are repatriates who meet the definitions on page 7.

Only service providers who propose to service eligible individuals as defined will be accepted for review.

VII. Funding Limitations and Provisions

Anticipated allocation and continuation of the contract which will result from this RFP is subject to continued availability of federal funds and State appropriation of the funds thereof. The Repatriation Program is funded entirely by federal funds from ORR. It is anticipated that $100,000 is likely to be available for this 63-month contract.

VIII. Program Information

REQUIRED PROGRAM ACTION

The repatriation process requires the contracted service provider to perform the following actions:

- Receive the referral from OTDA/BRIA and designate staff, or their agents, to provide services and to liaise and consult with OTDA/BRIA and with ISS for the duration of the case.

- Determine necessary actions based on the needs of the individual as outlined in the referral and create and submit a pre-arrival case management plan to OTDA/BRIA.

- Contact the repatriate's family or other potential resources that have been identified in the U.S. if safe, necessary and appropriate.

- Provide assistance at the port-of-entry or intermediate location as necessary to newly arriving repatriates who are in transit to a final destination. Assistance may include emergency medical services and food, lodging, and incidentals on a per capita basis (not to exceed the federal per diem allowance for that locality).

- Provide services in a linguistically and culturally appropriate manner.

- Arrange to meet repatriates who are destined for residence locally. Meet upon arrival at the airport or at another transportation terminal and transport the repatriate to the facility or residence where the repatriate will stay.

- When applicable, obtain the signature of the repatriate on the Privacy Act Waiver (PAW)/Loan Repayment Agreement (ACF-120), if not already on file, and mail the original to OTDA/BRIA. We recognize that not all cases will have a signed Privacy Act Waiver (PAW)/Loan Repayment Agreement (ACF-120), but the service provider should provide to OTDA/BRIA a brief explanation for the lack of a repatriate's signature on the document.

- Provide allowable repatriation services, which is defined as cash payment, medical care (including counseling), temporary shelter, transportation, and other goods and services necessary for the health or welfare of the repatriate for up to ninety (90) days to assist them to resettle into the area.

- Provide USRP cash benefits to the eligible repatriate from date of arrival. In special circumstances, cash benefits may be extended only with the written prior approval of ORR, in response to a written request submitted by the service provider to OTDA/BRIA.

- Households that will exceed an overall cost of $1,500 per case must have prior approval from OTDA/BRIA.

Please note: USRP assistance is not provided retroactively.

ALLOWABLE SERVICES

Once repatriated individuals are identified and processed, service providers must assist them in meeting their needs. Given their situation, these needs will likely range from reception upon arrival to emergency assistance. Allowable services include:

- Case Management
- Shelter
- Cash Assistance
- Food Assistance
- Transportation
- Medical/Psychiatric Evaluation and Treatment
- Other Identified Service Needs (as approved by OTDA/BRIA)

Note: *All Case Management Services must be provided directly by the Contractor.*

CASE MANAGEMENT

The USRP service provider must provide case management for all eligible repatriates. Case management includes, but is not limited to: assessing the scope of need, developing a plan of action to meet those needs, preparing a case management plan which will include all the services provided by the USRP provider or by the

agencies/organizations that the repatriate will be referred to for these services, and providing follow-up with the repatriate.

Case Management Hours			
Case Type	**# of Allowable Hours**	**Activities**	**Additional**
Unaccompanied Minor Case	up to 5 hours	Planning and general coordination; meet and greet, family placement, Child Protective Services (CPS) placement.	If a family member requests assistance upon arrival and signs the Privacy Act Waiver (PAW)/Loan Repayment Agreement (ACF-120), they can receive repatriate assistance. Please see allowable activities for destitute case type as described below.
Destitute Case	up to 5 hours	Planning for a repatriate with no mental health issues, meet and greet, transportation, assistance with application for public benefits, referral to resources in the community, shelter placement.	Follow up may be provided for up to 3 additional visits of 30 minutes of direct service.
Critically ill (placed in hospital or nursing home)	up to 15 hours	Planning for the placement of a repatriate with medical issues, meet and greet, hospital medical evaluations, finding shelter, transportation, ensure third party letter for hospital expenses is given to facility. Note: ensure the social worker of the facility does discharge planning including referral to public assistance and or other benefits.	Follow up may be provided for up to 3 additional visits of 30 minutes of direct service.
Certified Mentally Incompetent	up to 20 hours	Planning for a repatriate with mental health issues, meet and greet, onsite or hospital mental health evaluation, transportation, ensure the facility social worker is applying for public benefits. If the client is released to their own care, the case manager will provide assistance with the application of public benefits, refer to resources in the community, find shelter placement.	Follow up may be provided for up to 3 additional visits of 30 minutes of direct service.

SHELTER

Many repatriates will lack adequate shelter arrangements upon arrival into the United States. Temporary shelter is a crucial component of their reintegration. For temporary shelter, repatriates usually are placed in public shelters, unless the circumstances involved necessitate or justify the provision of other reasonable temporary shelter accommodation. Free shelter is the preferred option for placement. However, if free shelter is unavailable or not appropriate, the service provider must consult with OTDA/BRIA and ISS on other acceptable options. The service provider must demonstrate the experience and ability to provide or place a repatriate into emergency temporary housing.

CASH ASSISTANCE

Most repatriates will not have access to any monies upon their return to cover rent, security and utility deposits, clothing, household and personal items. The service provider must demonstrate experience and ability to provide cash assistance to cover the costs for up to ninety days, and/or to assist the repatriate in accessing public benefits. If eligible, cash assistance will be administered in accordance to need utilizing comparable procedures employed by the local social services districts (SSD), (i.e., disbursed in two week increments). In no instance can it exceed the public assistance rate.

2014 Public Assistance Rates						
Family Assistance & Safety Net Assistance-Maintenance of Effort	1 person	2 persons	3 persons	4 persons	5 persons	6 persons
Basic Grant	$158	$252	$336	$433	$534	$617
Home Energy Allowance (HEA)	$14.10	$22.50	$30	$38.70	$47.70	$55.20
Supplemental HEA	$11	$17	$23	$30	$37	$42
TOTAL	$183.10	$291.50	$389	$501.70	$618.70	$714.20

FOOD ASSISTANCE

Food is an essential part of a repatriate's survival. The service provider must demonstrate experience and ability to provide access to food.

TRANSPORTATION

Often repatriates have been outside the United States for long periods of time and are unfamiliar with the various transit systems available in the region. Even if they do have this knowledge, they will lack funds to use these transit options. The service provider must demonstrate experience and ability to provide transportation, or transportation orientation and expenses, to the repatriate as needed upon arrival to the United States and for the duration of the case. Reimbursement of actual expenses will be according to the US General Service Administration's published reimbursement rates (see http://www.gsa.gov/portal/content/100715).

MEDICAL/PSYCHIATRIC EVALUATION AND TREATMENT

Repatriates often present with physical and/or mental health issues, and it is critical that these issues are addressed as soon as possible. The service provider must demonstrate experience and the ability to provide and/or to refer necessary health and/or mental health services, or demonstrate a relationship with a recognized medical provider(s) that has experience and resources to provide these services.

The service provider must demonstrate experience and ability in providing and/or facilitating necessary medical/psychiatric evaluation and treatment services. Reimbursable costs and services are limited to those that are allowable under the Medicaid program.

OTHER IDENTIFIED SERVICE NEEDS (AS APPROVED BY BRIA/OTDA)

The service provider may suggest to OTDA/BRIA the need for any other specific services not listed, including, but not limited to: drug/alcohol addiction screening and treatment, vocational/occupational training and assistance for victims of domestic violence.

Other Identified Services will not be reimbursable to the Contractor unless and until the Contractor has received written approval from BRIA/OTDA to provide such services.

SPECIAL CIRCUMSTANCES

The USRP may also include cases that require special attention involving individuals who have immediate health and safety issues, cases that the U.S. DOS determines to be of national interest or unaccompanied children.

Involuntary repatriation:

- In some cases, a United States citizen is hospitalized overseas for mental or physical illness and cannot pay the medical costs but does not wish to return to the United States:
    - If the individual does not have health care benefits, funds, or supports in the country in which he/she is residing, the foreign government may request repatriation.
    - If a person is mentally ill, the referral from ISS will have a final or preliminary diagnosis to that effect. Such documentation can be used to compel the repatriate to undergo a mental health examination upon arrival in the United States. A repatriate who is diagnosed with mental illness cannot be detained against his/her will for more than 48 hours without a legal hearing or review. If a person is deemed mentally incompetent and has a Certificate of Mental Incompetence upon arrival, he/she is not required to sign the Privacy Act Waiver (PAW)/Loan Repayment Agreement (ACF-120).
- When a United States citizen finishes a jail/prison sentence and is later deported by the foreign government:
    - Deportees may be transported to the United States by way of a host country arrangement or the United States government may fund their return on a non-loan basis. The repatriated person is not required to sign the Privacy Act Waiver (PAW)/Loan Repayment Agreement (ACF-120) because he/she is not obligated to repay the expenses incurred on his/her behalf.
    - For convicted deportees, the service provider will be given sufficient information to assess the level and type of law enforcement support that will be requested from the local authority. Under certain circumstances the criminal deportee may no longer be under the control of law enforcement and therefore cannot be compelled to accept repatriation services.

Unaccompanied children:

Repatriation of unaccompanied children requires an immediate response because the child is most likely in very temporary caretaking arrangements in the foreign country. Unaccompanied children may be repatriated for various reasons, including, but not limited to the following: abandonment of the child, the death of the parent while traveling/living abroad, the arrest or incapacitation of the parent, or other circumstances that lead to a citizen child found alone or unaccompanied in a foreign country.

- The repatriation process for unaccompanied minors follows the same procedures as adult cases, plus some additional actions. The referrals include information relevant to the repatriate's status as a minor.

Although minor children do not need to sign a Privacy Act Waiver (PAW)/Loan Repayment Agreement (ACF-120), the following information is included with the referral:

- Child's age (date of birth)
- Present location of the child
- Child's ability to speak English
- Child's condition including any special needs and educational problems
- Circumstances under which the child is unaccompanied
- Child's medical evaluation
- Location of child's parents or legal guardian
- Reason why the parents/legal guardians are not able to care for the child
- Parents'/legal guardians' custodial rights
- Identified relatives in the United States

- Repatriating a child to a care giver in New York City:

  - The DOS generally requests ISS to repatriate a minor child into the county where there appears to be a capable relative willing to care for the child. The USRP will request that the service provider work with the NYC Administration for Children's Services (ACS) to verify the viability of the proposed home. A formal home study is required to be handled through ACS. The service provider must notify OTDA/BRIA of the decision to proceed with the arrangements to place a child and must provide assurances to OTDA/BRIA consistent with local social services department practices that ensure the best interest of the child. ISS will rely on the findings of ACS to effect the physical movement of the child from abroad to the United States. This process is predicated on the basis of a voluntary desire of the relative to care for the child. The voluntary nature of the process should produce full cooperation on the part of the relative to complete the steps needed to relocate the child into the relative's home.

  - New York State Social Services Law (Section 422) does not give a service provider the authority to share Child Protective Services (CPS) information with ISS without specific consent. Therefore, no communication should disclose this type of information. The need for confidentiality on CPS matters notwithstanding, the service provider must facilitate the process of bringing or returning these children back to the United States.

- Repatriating a child who has no care giver available in New York State:

  - If the service provider, in working with ACS does not find a suitable relative in the United States, the child is returned to the state of last residence with a request that the child be considered for foster care placement.

If the service provider identifies a potential risk of harm to the child that is beyond the service provider's ability to prevent, such findings must be communicated immediately to OTDA/BRIA to allow OTDA/BRIA and ISS to consider an alternative placement for the child. Absent the risk of harm, the service provider must take the necessary steps to receive the child and facilitate the relocation of the child into an appropriate, nurturing environment.

In most cases, unaccompanied children will be escorted by a DOS designated individual until the escort delivers the child to the service provider or to an approved relative. The service provider must accompany the relative or other caretaker representative to where the transfer of the child takes place, typically at the airport terminal that is the point of entry. The service provider is required to notify the escort in advance of the names of the persons who will be meeting them and/or whom to contact upon arrival. Prior to arrival the service provider must identify the individual to whom the child is being turned over.

PAYMENT METHOD

Federal funds must be used only to supplement existing funds for program activities and cannot replace, or supplant, non-federal funds that have been appropriated for the same purpose.

All services provided must be documented by a receipt. Households that will exceed an overall cost of $1,500 per case must have prior approval from OTDA/BRIA.

CASE MANAGEMENT REIMBURSEMENT PAYMENT CAP

Case Management may not exceed $91.00 per hour per case for direct services provided to eligible individuals. Case Management Services must be documented by case notes that show hours of work performed. Case management expenses that exceed the cap will not be reimbursed.

The service provider will be reimbursed for actual, reasonable service expenses up to a per-case cap as described below or up to the date of when public assistance benefits have been obtained**.**

LINE ITEM SERVICES EXPENDITURES

Service	***Reasonable and Allowable Costs***
Shelter	If free shelter is unavailable, receipts for hotel/motel stays excluding tips are required with prior approval from ORR or its grantee (ISS).
Cash Assistance	Not to exceed the standard of need for the applicable household size TANF rates.
Food Assistance	Not to exceed the prorated share of the Federal Food Stamp Guidelines for applicable household size. In no instance can it exceed the TANF rate.
Transportation	Reimbursement of actual expenses according to the US General Service Administration's published reimbursement rates (see http://www.gsa.gov/portal/content/100715).
Medical/Psychiatric Evaluation and Treatment	Reimbursement of medical benefits at the Third Party Rate (Medicaid/Medicare) if there is no other medical insurance available.
Other identified service needs	Reimbursement of actual expenses based on agreed and coordinated case management plan with ORR or its grantee.

IX. Selection Process

Proposals should contain all required items as listed in Part B Instructions for Completing the Application (see page 23). Failure to provide all required items will result in the decrease of the total score.

OTDA/BRIA will select a service provider based on several considerations:

- The service provider's demonstrated understanding of OTDA/BRIA requirements;
- The service provider's general organizational qualifications as documented in the proposal;
- The content of the service provider's proposal that demonstrates the applicant's ability to perform under a contract;
- The service provider's knowledge of specific needs of and experience with working with vulnerable populations similar to the repatriated population who have faced destitution, illness, war, threat of war, or a similar crisis, and are without available resources;

- The service provider's established relationship with critical partners including other service providers, the Human Resources Administration, the Department of Homeless Services, medical providers, and others;

- Proposed project staff that is sufficient in number and qualifications;

- The service provider's ability to provide linguistically and culturally appropriate services.

Each proposal will be read and scored by two reviewers from OTDA/BRIA. Each proposal will be scored on an established evaluation form. Proposals will be reviewed in accordance with the scoring criteria referenced below.

Technical Evaluation	**Maximum Points**
Application Documentation/Agency Information	30
Program Description	70
TOTAL	**100**

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

X. Award Procedures

CONTRACT DEVELOPMENT PROCESS

OTDA will begin the contract development process with the successful applicant when the award is announced. The successful applicant may be asked to provide updated work plans that specify the services to be delivered and other information. The contract will include, but not be limited to, standard terms and conditions such as confidentiality of records, publications, and contract termination. The contract will constitute a legal agreement between the selected applicant and OTDA/BRIA and will be in force for the full period of the contract.

PAYMENT

The contracted service provider will be reimbursed for case management and line item services expenditures as specified in this RFP and subsequent contract, and up to fixed caps. Payment will be made only for services that are documented and for which Claims for Payment are timely submitted (by the required due date). No payments will be made until the contract is fully executed by OTDA/BRIA (signed and approved by OTDA/BRIA, the State Attorney General and the Office of the State Comptroller). Contracted service providers will work at their own risk if they conduct program activities before the contract is executed.

XI. Reports and Record Keeping

RECORD KEEPING

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

If any claim, audit, litigation, or State/Federal investigation is commenced before the expiration of the aforementioned record retention period, the records must be retained by the contractor until all claims or findings regarding the records are finally resolved.

OTDA or its designee shall have access to any records relevant to the project (including books, documents, photographs, correspondence, and records), for audits, examinations, transcripts, and excerpts. If OTDA determines that such records possess long-term or historic value, they must be transferred, upon request, to OTDA.

REPORTING AND VOUCHERING

Due to the nature of this program, the contractor will not be required to use the BRIA Information Network (BIN) System to report services and create vouchers. Instead, a paper reporting and claiming process will be used.

The contracted service provider shall prepare and submit a separate NYS Claim for Payment (AC-3253-S) in accordance with instructions, for each case for which expenditures were made during a month. In addition, the contractor shall submit the following documents to accompany each Claim for Payment:

- A properly completed and signed Privacy Act Waiver (PAW)/Loan Repayment Agreement (ACF-120) or decline service form for each repatriate;
- A cover letter containing the name, address, telephone number, and e-mail address of the agency contact person for the claim, the time period covered by the claim (i.e., April 16, 2016 – May 16, 2016), and the agency to which the reimbursement should be issued;
- A correctly completed SSA-2061 and SSA-3955 for each repatriate;
- A detailed explanation of all costs with the current address of the repatriate;
- All supporting documentation, such as original receipts, copies of checks, and signed cash disbursement acknowledgment forms;
- Case notes with detailed description of the activities performed and itemized the spent time in hours and minutes.

The contractor will receive detailed reporting and claiming instructions during the contract development process.

CASE RECORDS

The service provider must adhere to OTDA/BRIA instructions regarding case records as stated in the contract and in related OTDA/BRIA manuals, directives, and other forms of notification.

MONITORING

OTDA/BRIA will monitor projects on a regular basis throughout the life of the contract. Monitoring may include, but not be limited to, site visits, regular telephone contact and/or discussions of monthly progress reports. The goals of project monitoring are to ensure that the terms of the contract are being met and to provide technical assistance, where necessary, to help the service provider meet the terms of this RFP and contract. OTDA/BRIA reserves the right to conduct site visits and make telephone contact to subcontractors as a means of monitoring the prime contractor's performance. Monitoring activities will concentrate on proper documentation of claims in the contractor's case records for each client claimed.

AMENDMENTS TO THE CONTRACT

Amendments and modifications of executed contracts are sometimes necessary to accommodate the needs of both the service provider and OTDA/BRIA. These changes, which must be by mutual written agreement, may include modification to reimbursement schedules, time and money amendments, or no-cost extensions as necessary. Contract modifications, including amendments and no-cost time extensions, will be made at the discretion of OTDA/BRIA with the approval of the Attorney General and the Office of the State Comptroller.

XII. General Terms and Conditions

NYS OTDA/BRIA reserves the right to terminate in whole or in part, or modify the contract at its discretion or due to the unavailability of funds. The terms and conditions for all funded projects are specified in a detailed contract which must be signed by OTDA/BRIA and approved by OTDA/BRIA, the New York State Attorney General Office and the Office of the State Comptroller before any work has begun or payments are made. The successful applicant will be sent the complete standard contract for execution. The applicant is encouraged to review sections of the contract that are attached before submitting an application.

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

The contracted service providers will be required to comply with all applicable Federal and State laws and regulations.

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

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

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

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

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

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

The proposal of the successful applicant will serve as the basis for the contract, the terms of which will be modified within the context of this RFP. The following will be incorporated into any contracts resulting from this RFP:

- NYS Master Contract Terms & Conditions
- Attachment A-1, (OTDA and USRP terms and conditions)
- Attachment A-2, (Federal terms and conditions)
- Attachment C (Work Plan)
- Attachment D (payment and reporting schedule)

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

Submission of a proposal will be deemed to be the consent of the applicant to any inquiry made by OTDA/BRIA of third parties with regard to service provider's experience or other matters relevant to the proposal. OTDA/BRIA reserves the right to request and consider additional information from any applicant beyond that presented in the initial proposal. The award of the contract, if any, may be made in reliance on

additional information requested. Such information may include program information, operation details, personnel information, or other funding source information.

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

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

No further entries on this page.

PART B APPLICATION PACKET

Please read Pages 1-18 of the Request for Proposals carefully before completing this Application Packet

Completing the Application

An application checklist is provided on page 34 of this RFP. Please complete and to verify that all required forms and items are submitted.

The application should contain the following components:

Section A – PROGRAM DESCRIPTION

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

Section B – FORMS TO COMPLETE

- **General Information-** Complete all applicable sections and return with the application.
- **Agency Agreement-** Sign and return with the application.
- **Certification-** Sign, complete and return with the application.
- **OTDA – 4970 M/WBE/EEO Policy Statements -** Sign, complete and return with the application.
- **OTDA – 4934.1 EEO Project Staffing Plan-** Sign, complete and return with the application.
- **Subcontractor and Supplier Identification Form** - Complete all applicable sections and return with the application.

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

Section A – PROGRAM DESCRIPTION

The narrative portion of the proposal should be written in a legible, size 12 font, double spaced and with margins of no less than one inch on each side of the document and must not exceed 8 pages in length excluding any charts or attachments.

Organization Experience & Capacity

Describe your agency, how the proposed program will be operated within your organization, and what your organization will bring to the targeted population. Your description should address the following:

- The agency's experience in providing services to repatriates or vulnerable populations similar to the repatriated population who have faced destitution, illness, war, threat of war, or a similar crisis, and are without available resources.
- How you will utilize your agency's current expertise, capacity and programs to implement services under this program.
- Your agency's relationship with critical service partners including the Human Resources Administration, the Department of Homeless Services, and others.
- Are there other programs or services that your organization operates? How will these other programs be used to enhance the effectiveness of your proposed program?
- Where and how the USRP fits within the organization.
- Your organization's working relationships with other local agencies. What specific resources will participants gain through these relationships?

Please attach a detailed agency organizational chart.

Program Description & Implementation

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

How will the services be provided? (Statement of ability to provide services)

- Attach a chart that depicts the staff involved with the project. For each staff member listed, include the person's name and job title; the responsibilities of the position; the required qualifications for the position; the name and title of their supervisor; and the full time equivalent (FTE) of the person's position.
- Describe how your agency will provide the required actions that are listed under Part A. Section VIII of this RFP to effectively meet the needs of a repatriate.
- Describe how referrals from BRIA will be received and processed.
- Describe how communication with BRIA and ISS will be coordinated.
- Describe how services to meet the Repatriate at his/her point of entry will be provided.
- Describe how case management such as developing a plan of action to meet the needs upon arrival and follow-up for the repatriate will be provided.
- Describe how the repatriate will be assisted in immediately applying for public benefits upon arrival.
- Describe how your agency will obtain/provide transportation upon the repatriate's arrival.
- Describe how your agency will obtain/provide adequate shelter upon the repatriate's arrival.
- Describe your agency's ability to provide cash assistance to the repatriate for immediate needs upon the repatriate's arrival.
- Describe how your agency will obtain/provide adequate food upon the repatriate's arrival.
- Describe how the repatriate will be assisted and monitored if hospitalization is required.
- Describe how your agency will obtain/provide medical and/or psychiatric evaluation and treatment if required upon the repatriate's arrival.
- Describe how your agency will assist repatriates who are in domestic violence situations.
- Describe how your agency will assist repatriates who are in need of drug/alcohol treatment.
- Describe how your agency will assist repatriates who are in need of mental health treatment.
- Describe how your agency will handle cases involving unaccompanied minors.
- Describe how a home study for a relative placement will be coordinated for unaccompanied minors.
- Describe how contact with ACS will be initiated to establish custody or foster care placement of unaccompanied minors.
- Describe how your agency will address issues and emergencies that occur outside of normal business hours or during unexpected office closures.

Where will the project operate? (Location)

- Describe the physical location(s) of the project.
- Describe the qualifications necessary for any potential subcontractors, including the types of services they would be expected to provide.

When will the project operate? (Days and Hours of Operation)

- State the hours and days of operation.

Other:

- Include a flow chart depicting your agency's method of providing services to individuals to be served under the proposed program including potential sub-contractual services (spell out which services are provided directly and which by subcontract/MOU).
- If applicable, please include a list of these sub-contractors including contact information for key personnel.

- Discuss how you will train and/or prepare your staff for accommodating language and cultural differences of eligible repatriates (i.e. Sensitivity and Diversity Training, etc.), if necessary.
- Describe any existing or planned resources such as partnerships with other agencies.
- Describe the operation and management of the project. State how management will 1) ensure no duplication of services, 2) monitor progress towards goals, 3) maintain agency and staff accountability, 4) supervise cash flow, and 5) assure timely submission of reports and vouchers.
- Describe any issues that may affect service delivery and how they will be addressed.
- Describe how staff will receive regular training and updates on the latest repatriation issues.
- Describe how staff will provide services in a linguistically and culturally appropriate manner.

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

No further entries on this page.

Section B- Forms to Complete- *Complete all applicable forms in this section and return them with your application.*

GENERAL INFORMATION

U.S. Repatriation Program Non-Emergency Services in NYC APPLICANT PROJECT INFORMATION INDICATE TYPE OF ORGANIZATION CARRYING OUT THE ACTIVITY:

☐ **PUBLIC AGENCY** ☐ **FAITH BASED NON-PROFIT** ☐ **OTHER NON-PROFIT**

APPLICANT NAME:_____

EXECUTIVE DIRECTOR: _____

BUSINESS ADDRESS: _____

CITY_____ STATE _____ ZIP CODE_____

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

Email Address: _____

PROJECT ADDRESS (if other than business address):

_____

PROGRAM CONTACT: _____

ADDRESS_____

CITY_____ STATE _____ ZIP CODE_____

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

Email Address: _____

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

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

Please provide the following identifying information regarding the project:

Community District(s) *NYC only*: _____

Federal Congressional District(s): _____

State Assembly District(s): _____

State Senate District(s): _____

What is your organization's **six digit** State Registered Charitable Organization number? __ __ __ __ __ __
Is your organization current with the NYS Office of the Attorney General Charities registration filing requirements? _____ YES _____ NO
If not, why? _____

COUNTY/ COUNTIES (WHERE SERVICES ARE TO BE PROVIDED) _____

AGENCY AGREEMENT

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

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

OTDA anticipates making an award to administer projects for sixty-three (63) months. Projects may be renewed for additional periods depending on continued need for the services, achievement of anticipated outcomes, continued availability of funding and at the sole discretion of OTDA. For those applicants selected as a result of this Request for Proposals (RFP), subsequent year's funding may be at a decreased level.

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

_____

(Signature of official authorized to sign for applicant) (Date)

_____

(Type name and title)

Certification

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

The undersigned certifies that he/she:

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

Signature of Owner/Official _____

Printed Name of Signatory _____

Title _____

Name of Business _____

Address _____

City, State, Zip _____

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

_____ Notary Public

M/WBE SUBCONTRACTOR UTILIZATION EXAMPLES

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

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

M/WBE AND EEO POLICY STATEMENT

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

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

M/WBE

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

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

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

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

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

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

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

EEO

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

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

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

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

Agreed to this _____ day of _____, 2_____

By _____

Print: _____ Title: _____

Minority/ Women Business Enterprise Liaison

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

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

_____
(Authorized Representative)

Title: _____

Date: _____

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

OTDA – 4934.1 ELW (Rev. 7/13)

EQUAL EMPLOYMENT OPPORTUNITY
STAFFING PLAN

Submit with Bid or Proposal – Instructions on page 2

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

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

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

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

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

Instructions for completing:

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

RACE/ETHNIC IDENTIFICATION

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

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

OTHER CATEGORIES

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

SUBCONTRACTOR AND SUPPLIER IDENTIFICATION FORM

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

Offeror's Name:

Address:

City, State, Zip Code:

Region/Location of Work:

Federal Identification Number:

Telephone Number:

Email:

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

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

Please Identify **ALL** subcontracting and supplier purchasing opportunities.

NOTE: Any Subcontractor or Supplier purchases in excess of $100,000 must comply with NYS Vendor Responsibility Requirements.

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

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

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

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

NAME AND TITLE OF PREPARER (Print or Type):

Signature:
Authorized Signature

Date:

Telephone Number:

EMAIL Address:

No further entries on this page.

Applicant: _____

APPLICATION CHECKLIST of Required Documentation	INCLUDED?
Vendor Prequalification http://www.grantsreform.ny.gov/	
Vendor Responsibility Questionnaire (Please complete the form at: http://www.osc.state.ny.us/vendrep/forms_vendor.htm).	
Program Description • Organizational Experience & Capacity • Program Description & Implementation	
General Information	
Agency Agreement	
Certification	
OTDA – 4970 M/WBE/EEO Policy Statement	
OTDA – 4934.1 EEO Project Staffing Plan	
Subcontractor and Supplier Identification Form	

END OF APPLICATION