



**Office of Temporary
and Disability Assistance**

Release Date: 05/13/2019

Request for Applications

**Refugee Medical Screening and
Immunization Program
New York City**

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PART A - SUMMARY INFORMATION

I. INTRODUCTION

The Bureau of Refugee Services (BRS) of the New York State (NYS or “the State”) Office of Temporary and Disability Assistance (OTDA), issues this Request for Applications (RFA) for multi-year contract(s) beginning on or after April 1, 2020 through March 31, 2025 to provide initial medical screening and immunization services to newly arriving refugees and other eligible persons.

BRS anticipates distributing approximately \$625,000 in Refugee Medical Assistance (RMA) Program funds under this procurement. All program funds are subject to continued availability and State appropriation thereof. All funds allocated for the administration of this program are received from the federal Office of Refugee Resettlement (ORR), an Office of the Administration for Children and Families (ACF) within the United States Department of Health and Human Services (HHS).

Eligible applicants (not-for-profit and for-profit public and private health care providers/agencies, clinics and hospitals; local health departments, or any subdivision thereof; and faith based-organizations) must complete and submit all forms, narratives and relevant attachments required by this RFA (see “Application Checklist of Required Documentation” on page 66). Please pay particular attention to the Minority and Women-Owned Business Enterprise (M/WBE) participation requirements.

Only applications submitted by Eligible Grant Applicants, as defined in Section VI of this RFA, will be accepted for review.

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

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

II. PREQUALIFICATION REQUIREMENT

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which require not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for applications to be evaluated. Information on these initiatives can be found on the Grants Management website at <https://grantsmanagement.ny.gov/>.

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

For-profit applicants must be registered in the Grants Gateway on the date the application is received. Such applicants that are not registered will be disqualified from further consideration until registration is substantiated.

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. [Grants Gateway: Vendor User Guide](#) and [Prequalification Documents and Questions](#) on the Grants Management website detail the requirements. A [Prequalification](#) online tutorial is also available to walk users through the process.

1. Register for the Grants Gateway

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

2. Complete your Prequalification Application

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

3. Submit Your Prequalification Application

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

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

III. PROCUREMENT SCHEDULE/SUBMISSION GUIDELINES

BRS reserves the right to modify the dates.

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

*May 13, 2019
Open Application Period
Through March 31, 2024
April 1, 2020*

Anticipated Earliest Contract Start Date

1. Questions and Answers Regarding this RFA

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

Phillip Plessas
New York State Office of Temporary and Disability Assistance
Bureau of Refugee Services
40 North Pearl Street, 10th Floor, Section C
Albany, New York 12243-0001
Phone: (518) 474-5764
Fax: (518) 402-3029
Email: phillip.plessas@otda.ny.gov

BRS will respond in writing to questions within two weeks of receipt. A written copy of questions and answers and/or clarifications or modifications to this RFA will be posted on OTDA's website on the *Contract and Grant Opportunities* web page, located at <http://otda.ny.gov/contracts/procurement-bid.asp>.

BRS reserves the right to respond to questions submitted throughout the continuous recruitment application period.

2. Application Submittal

One original and three copies or one original and a flash drive containing a copy of the entire application submission package (not stapled, bound or paper clipped) must be sent to the Bureau of Contract Management at the address below. OTDA will not accept faxed applications, or applications sent via electronic mail.

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

In order to be notified of future requests for proposals, agencies must be registered on the Grants Management website. Complete instructions on how to register can be found at the following website: <https://grantsmanagement.ny.gov/resources-grant-applicants>.

IV. FEDERAL AUTHORITY

The federal Office of Refugee Resettlement (ORR) within the Administration for Children and Families (ACF) of the United States Department of Health and Human Services (HHS) is authorized to grant funds to states that request to use Refugee Medical Assistance (RMA) funds to provide medical screening as part of its refugee medical assistance program pursuant to Title 45 of the Code of Federal Regulations, Section 400.107 and under the authority of Section 412(b)(5) of the Immigration and Nationality Act (INA) (8 U.S.C. § 1522(b)(5)), as amended (Public Law 96-212) and further amended by the Refugee Assistance Amendments of 1982 (Public Law 97-363).

More information can be found at the following websites:

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

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

V. PROGRAM DESCRIPTION

1. *Purpose*

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

Note: For the purpose of this RFA, eligible persons will hereafter be referred to as “refugees” unless special circumstances apply. Part A, section VIII. Eligible Participants contains information about eligible participants, including appropriate immigration statuses and other eligibility information.

The New York City Refugee Medical Screening and Immunization Program has the following key objectives:

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

2. *Background*

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

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

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

VI. ELIGIBLE GRANT APPLICANTS

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

Prospective applicants who want to verify their status as a charitable organization should contact the Office of New York State Attorney General, Charities Bureau at (800) 771-7755 or on the internet at charities.bureau@ag.ny.gov.

Eligible applicants must be located in and do business in New York State. Additionally, applicants must be able to offer primary care services subsequent to the initial refugee health screening.

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

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

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

VII. SERVICE STRATEGY

1. *Program Intent*

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

To accomplish this objective, the medical screening exam should ideally take place within 30 days of a refugee's arrival to coincide with Reception and Placement services and, at minimum, include two visits. However, the medical screening can be administered as late as 90 days from the date of arrival to the U.S. or date of status granted. Medical screening should be performed by a qualified and licensed health care professional and a medical interpreter should be used if the refugee does not speak English or is Limited English Proficient (LEP).

2. *Required Refugee Medical Screening Exam Protocol*

(See attachment A - ORR's Domestic Medical Screening Guidelines Checklist and CDC's [Refugee Health Guidelines](#) for additional information on the following section.)

❖ Refugee Identifying Information

- Name
- Alien Identification Number
- Referring Refugee Resettlement Agency
- Address
- Date of Arrival
- Country of Origin
- Primary Language
- Date of Birth
- Sex

❖ Overseas Medical Information

Review Overseas Medical Information Packet, including:

- “Medical Examination for Immigrant or Refugee” (Form DS-2053 or DS-2054), also called the overseas medical exam.
- Chest X-ray film(s) and “Chest X-Ray and Classification Worksheet” (Form DS-3024 or DS-3030).
- Immunization records, including “Vaccination Documentation” (Form DS-3025).
- “Medical History and Physical Examination Worksheet” (Form DS-3026) and any other available medical records.

Note any Class A or Class B Tuberculosis identified.

Note any Class B Other conditions identified.

Note Overseas Chest X-ray results where available.

❖ Medical History

Interview and Note:

- Personal and family medical history, medications, allergies.
- Recent fever, cough, weight loss, night sweats, hemoptysis, diarrhea.
- Other recent illnesses or conditions in self or family.
- History of drug use, including alcohol and tobacco.
- Cultural mores and health practices which might impact diagnostic and treatment needs.
- Social history (including refugee camp and migration experiences, etc.)

❖ General Laboratory Screening

Conduct laboratory screening according to criteria indicated below, and note any abnormal findings. If not done, a reason must be specified.

- CBC with Differential – All refugees. Include elevated eosinophil count, as well as any anemia with description, in abnormal findings.
- Serum Chemistries – A basic panel, including blood urea nitrogen and creatinine, if indicated by signs, symptoms, or comorbidities.
- Cholesterol – In accordance with US Preventive Services Task Force Guidelines <http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation->

[summary/lipid-disorders-in-adults-cholesterol-dyslipidemia-screening](#) (testing should include, at a minimum, total cholesterol and HDL).

- Urinalysis - All refugees able to provide a clean-catch specimen.
- Newborn Screening – Within first year of life. (Heel stick only, do not use venous blood.) Contact Refugee Health Program or NYSDOH Newborn Screening Program for further information if needed.
- Population-specific Testing – To be determined by examining clinician.
- Pregnancy Test – Women of child-bearing age, using opt-out approach. Girls of child-bearing age, using opt-out approach or with consent of guardian.

❖ Physical Examination

Conduct each element of the physical exam for all refugees, unless otherwise indicated below, and note any abnormal findings. If not done, a reason must be specified.

- Nutritional Status – height, weight, head circumference (less than 3 years old), BMI (greater than 2 years old).
- Physical findings – note any abnormal findings such as physical disabilities, injuries, structural or orthopedic impairment, etc.
- Vital signs, including - blood pressure (5 years and older), heart rate, respiratory rate.
- Gross evaluation of vision and hearing.
- Careful oral examination.
- General physical examination: review of systems, including heart, lungs, lymph nodes, abdomen, ENT, neurological, genital and skin evaluation.
- External genital exam for all refugees. A pelvic exam and/or Pap smear should be deferred until a trusting relationship is developed with a primary care physician, unless, in the provider's clinical judgment, it is deemed necessary to perform at the health assessment.
- General assessment of Mental Status/Developmental Level using Refugee Health Screener-15 (RHS-15), **Attachment B**, or other suitable screening tool for mental health assessment.
- Indicate any physical or mental conditions likely to limit employability or school attendance.
- Multivitamins are to be given to all children ages 6-59 months, and all children > 5 years of age and adults with poor nutritional status

❖ Disease Specific Screening

Conduct disease-specific screening as indicated below. If a required screening test is not done, a reason must be specified.

Tuberculosis:

- Review overseas records.
- Evaluate for signs or symptoms of disease, history of contacts and physical examination.
- Conduct a Tuberculin Skin Test or IGRA. (Use of IGRA in children < 5 years of age is not recommended.) Note Results.
- For a positive screening result, perform chest x-ray and make a referral to the county health department where the refugee resides.

Lead:

- Screen all refugee children from 6 months through 16 years of age.
- Please note for future primary care referral, all children from 6 months through 16 years of age should receive an additional lead test within 3-6 months of placement in a permanent placement, regardless of the results of the initial lead test.
- The CDC has established a blood lead level of ≥ 5 mcg/dL as the reference value for childhood lead exposure, while NYS Public Health Law has a longstanding definition of an elevated blood lead level in children as ≥ 10 mcg/dL. For the purpose of the health assessment, providers are asked to document results ≥ 5 mcg/dL to capture information requested by the CDC. Please note all lead screening results are reported to NYSDOH and the appropriate county health department via electronic laboratory reporting, which will initiate action in cases where indicated.

Malaria:

- Sub-Saharan African (SSA) refugees that did not receive presumptive treatment prior to departure, such as pregnant or lactating women or children weighing less than 5 kg. at the time of departure, will require post-arrival presumptive treatment or testing. All other SSA refugees receive treatment overseas with artemisinin-based combination therapy (ACT). Documentation of the pre-departure treatment may be found in the Overseas Medical Information Packet. If documentation is lacking, clinicians can reasonably assume pre-departure treatment was provided to SSA refugees per the Treatment Schedules for Presumptive Parasitic Infections for U.S.-Bound Refugees (<https://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/interventions.html>).
- If considering testing, PCR is the most sensitive test for persons with sub-clinical malaria.
- CDC does not recommend testing or treatment for refugees from malaria-endemic countries outside SSA, unless there are signs or symptoms of infection.

Intestinal and Tissue Invasive Parasites:

Note: Per CDC guidelines, “In cases when the documentation is not available it is reasonable to assume presumptive treatment has been received by the individual refugee if the refugee is from a population where the program is currently implemented per the Treatment Schedules for Presumptive Parasitic Infections for U.S.-Bound Refugees

(<http://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/>

interventions/interventions.html) and as long as they had no contraindications at the time of departure.”

- For refugees that received pre-departure treatment, either documented in the Overseas Medical Packet or per the CDC Treatment Schedule (above), check the “Yes” box. No further treatment or testing is required.
- For refugees who did not receive pre-departure treatment:

- It is recommended clinicians consider presumptive treatment in lieu of testing for eligible refugees, while taking precautions to avoid duplicating overseas treatment.
- For all refugees, provide presumptive treatment for soil-transmitted helminths. If presumptive treatment is not provided, conduct stool ova and parasites screening (2 or more stool samples).
and
- For all refugees, provide presumptive treatment for Strongyloides. If presumptive treatment is not provided, conduct diagnostics for Strongyloides (serology, 2 or more stool samples, and/or Strongyloides agar method culture). Note: See Treatment Schedules for Presumptive Parasitic Infections for U.S.-Bound Refugees for appropriate testing and treatment of specific populations with potential exposure to Loa loa.
and
- For all SSA refugees, provide presumptive treatment for Schistosomiasis. If presumptive treatment is not provided, conduct serologies for Schistosomiasis.
- For refugees who received incomplete pre-departure presumptive treatment:
 - Refer to CDC guidance on testing and/or presumptive treatment found at <https://www.cdc.gov/immigrantrefugeehealth/pdf/fig2.pdf>
- For refugees who received complete pre-departure presumptive treatment:
 - Note: a persistently elevated absolute eosinophil count conducted as part of hematology testing indicates need for further investigation.

Sexually Transmitted Infections (STI):

Obtain history for signs and symptoms of STIs and conduct physical examination.

- **Syphilis**
Review Overseas Medical Information Packet for documentation of pre-departure syphilis screening; note results. If overseas screening is negative, no further screening is required. If documentation of overseas screening is not available: Conduct VDRL or RPR for:
 - All refugees ≥ 15 years of age,
 - Refugees < 15 years of age if sexually active, history of sexual abuse, mother who tests positive, or exposure in a country endemic for other treponemal subspecies (e.g. yaws, bejal, pinta.)
 - Conduct confirmation testing for positive treponemal tests
- **Chlamydia**
 - Conduct urine nucleic amplification test for
 - Women < 25 years old who are sexually active
 - Women > 25 years old with risk factors
 - Leucoesterase (LE) positive on urine sample
 - Women or children with history of or at risk for sexual assault
 - Any refugee with symptoms
- **HIV**
All refugees should be screened unless they opt out.

- Children ≤ 12 years of age should be screened unless the mother's HIV status is confirmed negative and the child is otherwise thought to be at low risk.
- Refugees should be clearly informed orally or in writing when/if they will be tested for HIV.
- Note for future referral, screening should be repeated 3-6 months following resettlement for refugees who had recent exposure or are at high risk.
- Provide culturally sensitive and appropriate counseling for HIV-infected refugees in their primary language.
- Refer refugees confirmed to be HIV-infected for care, treatment, and preventive services.

Hepatitis:

○ **Hepatitis B**

Review Overseas Medical Information Packet for documentation of pre-departure hepatitis B screening; note results. If overseas screening is negative, no further screening is required. If documentation of overseas screening is not available:

Conduct hepatitis B HBsAG screening for all refugees.

- Testing for HBsAg should be done regardless of vaccination history.
- Conduct anti- HBc and anti-HBs screening for adults if indicated.
- It is not recommended to vaccinate in lieu of testing to ensure identification of those with active disease.

○ **Hepatitis C**

Conduct hepatitis C screening adult refugees with risk factors such as persons who have body art, received blood transfusions, etc. and children with risk factors such as hepatitis C-positive mothers.

❖ Immunizations

- Most refugees, regardless of age, will have a New York State Immunization Information System (NYSIIS) record pre-populated with demographic and overseas vaccine information. Check NYIIS before administering vaccines. Refugees that do not have an overseas vaccine record, will not have a NYIIS record.
- Provide initial doses of all missing or undocumented age-appropriate vaccines per ACIP guidelines for children and adults. Record dates of vaccines administered at health assessment.

❖ Dates of Health Assessments

- Record Visit #1 and Visit #2 dates. Note health assessments must be conducted within 90 days of the refugee's arrival in the U.S.

❖ Referrals

- Referrals must be made for ongoing primary care and indicated on the health assessment form (including a primary care referral to the same facility providing the health assessment). Referrals must also be made for routine dental care and specialty care for any conditions noted on the health assessment requiring follow-up evaluation and/or treatment.

❖ Additional Information

- There may be exceptions to these screening guidelines based on country of origin, culture and family/social/medical history.
- Age-specific recommendations may need to be adjusted based on history, lab results, cultural knowledge and professional judgment.
- Reasons for not conducting screening procedures as indicated must be documented on the Refugee Medical Screening Form.
- Screening results must be discussed at a second office/clinic visit, and all appropriate referrals made.
- “Referral” means setting up a specified appointment with a designated provider.
- Immunizations must be administered if any are indicated at the time of exam. BRS will provide reimbursement for approved initial vaccines administered to adults, age 19 and older. Medical screening providers are encouraged to use the New York City Department of Health and Mental Hygiene (NYCDOHMH), Vaccines for Children Program, <https://www1.nyc.gov/site/doh/providers/nyc-med-cir/vaccines-for-children-program.page>, to offset the cost of immunizations administered to children.
- Medical screening providers must also refer refugees for completion of the series of immunizations required for them to adjust status to become permanent residents, and eventually U.S. citizens. A USCIS designated civil surgeon must certify the record of immunizations. USCIS has authorized local health departments to act as civil surgeons for the limited purpose of certifying immunizations to refugees for adjustment of status.

3. Reporting & Data Collection

See Attachment C: NYC Refugee Medical Screening Form and **Attachment D:** NYC Refugee Medical Screening Program Client Roster

VIII. ELIGIBLE PARTICIPANTS

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

1. *Eligible Immigration Statuses*

- A *refugee*, admitted under Section 207 of Immigration Naturalization Act (INA);
- An *asylee*, granted asylum status under Section 208 of the INA;
- A Cuban or Haitian *Entrant* (as defined in subdivision (e) of Section 501 of the Refugee Education Assistance Act of 1980);
- An alien admitted into the United States as an *Amerasian Immigrant* as described in Section 402(a) 2 (A) (I) (V) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (8 USC. 1612 (a) 2 (A));
- A *Parolee* admitted as a refugee under section 212(d) (5) of the Immigration and Nationality Act (INA);
- A *Certified Trafficking Victim* who has received a certification or eligibility letter from the federal Office of Refugee Resettlement (ORR);
- Certain *family members of a certified trafficking victim* as described in Section 101 (A) (15) (T) (ii) of the INA; and
- *Iraqis and Afghans Granted Special Immigration Status* as described in Section 101 (a) (27) of the Immigration and Nationality Act (INA).

2. *Length of Time in the United States*

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

IX. FUNDING LIMITATIONS AND PROVISIONS

1. *Available Funds*

Anticipated allocations and continuations of contracts are subject to continued availability of federal funds and State appropriation of the funds thereof. Only designated Refugee Medical Assistance (RMA) funds for the Refugee Medical Screening and Immunization Program are available through this RFA. It is estimated that approximately \$625,000 in Refugee Medical Assistance funding will be available for the multi-year program period beginning April 1, 2020 and ending March 31, 2025.

2. *Distribution of Funds*

Through this non-competitive, continuous recruitment procurement, OTDA intends to fund qualified, licensed health care facilities to provide services in New York City (NYC) including all NYC Counties:

Bronx, Kings, Queens, New York and Richmond

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

The allocation for each grant award is based on the number of refugees each applicant will potentially serve. OTDA reserves the right to establish the award amount based on historical demographic data.

OTDA reserves the right to award funds based on emergent need, as well as on demographic data. These decisions will be made in order to serve the greatest number of refugees in a given area.

OTDA intends to award funds based on viable applications with demonstrated work plans from qualified and licensed health care facilities. Continuous awards to new applicants will be made throughout the multi-year program period through March 31, 2024 and subject to continued availability of federal funds and State appropriation of the funds thereof. OTDA will make continuous awards until all available funds are awarded or until such time the program needs are met. Upon award of all available funds or when the program needs are met, OTDA will suspend this procurement opportunity. If additional funding becomes available or the program needs increase, the procurement may be reopened at the discretion of OTDA.

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

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

- Reallocate funding from contractor (those who submit applications in an effort to be selected for contract award as well as those successful applicants with whom OTDA enters into State contracts) to contractor;
- Suspend a contract award to an underperforming contractor;
- Amend an award to an underperforming contractor; or
- Amend an award to an over-performing contractor, due to an increased need for services.

3. *Contract Term*

This RFA governs the provision of funds for up to a 60-month contract term starting on or after April 1, 2020 and ending on March 31, 2025. A Work Plan is required at the time of application.

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

X. PROGRAM INFORMATION

1. *Performance Based Contracts*

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

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

2. Reimbursement Rates

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

Medical Screening Component	Rates
First Visit Only	\$417.09
Completed Medical Screening (2 Visits)	\$512.63
Immunizations:	Up to \$463.14 per capita
Diphtheria, tetanus, pertussis (DTaP)	\$40.05
Haemophilus influenza type b4 (Hib)	\$10.55
Pneumococcal (PCV)	\$100.19
Inactivated poliovirus (IPV)	\$33.53
Influenza rate from 10/2009 MA update	\$15.77
Measles, mumps, rubella (MMR)	\$75.04
Varicella	\$129.30
Hepatitis A Adult dosage	\$67.55
Hepatitis B	\$57.25
Hep A/ Hep B Combo	\$101.00
Human Papillomavirus (HPV)	\$217.11
Meningococcal	\$122.31
Zoster	\$140.00

Rates will only change with authorized revisions to the Refugee Medical Screening Protocol and authorization from ORR.

Additional Rate Information:

- ✓ First visit includes as many Disease Specific Screening and General Laboratory Screening tests as indicated with the refugee's consent and cooperation.
- ✓ Interpreter costs are included in the exam reimbursement rates.
- ✓ Immunizations are reimbursed for adult refugees only at established rates with documentation of expenditures for a maximum reimbursement of \$463.14 per adult refugee.
- ✓ Contractors are encouraged to seek reimbursement for immunizations administered to refugee children through the Vaccines for Children (VFC) Program administered by the New York City Department of Health and Mental Hygiene (NYCDOHMH),
<https://www1.nyc.gov/site/doh/providers/nyc-med-cir/vaccines-for-children-program.page>

XI. SELECTION PROCESS

Applications should contain **all** items as listed on the Application Submission Checklist, located in the Application Package (see page 66). Pay particular attention to the Minority and Woman-Owned Business Enterprise (M/WBE) requirements. Failure to provide any items will result in delays or inability to approve an award. Factors considered towards an award recommendation to the applicant are as follows:

- The content of the applicant's work plan that demonstrates the applicant's ability to perform medical screenings and immunizations under a contract;
- The applicant's ability to provide primary care services subsequent to the initial refugee health screening;

- The applicant's established relationships with other local agencies in relation to medical services that are provided to refugees;
- The applicant's experience with, and knowledge of, specific cultural and linguistic needs of the eligible service population and the quality of the work plan in addressing those needs;
- Sufficient project staff, in numbers and qualifications;
- The availability and frequency in which medical screening and immunization services can be provided;
- The accessibility of the applicant's location for services; and
- The applicant's qualifications as a licensed health care facility and/or Federally Qualified Health Center (FQHC).
- The applicant's description of how the above-referenced services improve community health and wellness and advance applicable New York State Prevention Agenda Priorities, consistent with Executive Order 190 (EO 190). Please see page 21 for additional information on EO 190.

Each application will be reviewed independently from other applications.

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

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

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

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

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

XII. AWARD PROCEDURES

1. *Contract Development Process*

BRS will begin the contract development process with successful applicants when the award is announced. The successful applicants may be asked to provide updated work plans and performance based budget summaries that specify the services to be delivered, project goals, reimbursement rates, claiming process, and other information. The contract will include standard terms and conditions such as confidentiality of records, publications, and contract termination. The contract will constitute a legal agreement between the selected applicant and BRS and will be in effect for the full period of the contract term.

The contracts will have a term of up to 60 months if awarded and fully executed by April 1, 2020. Contracts awarded thereafter will be for the duration from contract execution date through the end of the contract term, March 31, 2025. Contracts will contain work plans reflecting planned goals for the applicable contract term.

2. *Payment*

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

will be made only for services that are documented and for which vouchers are submitted by the required due date.

No payments will be made until the contract is fully executed and signed by the State Comptroller and the State Attorney General. Contractors will work at their own risk if they conduct program activities before the contract is executed.

XIII. REPORTS AND RECORD KEEPING

1. *Record Keeping*

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

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

If the Contractor expends \$750,000 or more in Federal funds during any one fiscal year, the Contractor will be subject to the Audit Requirements and provisions of OMB Super Circular, found in Federal regulations at 2 CFR Part 200 (Subparts A – F) - *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*; and, all other audit requirements determined applicable by the OTDA. The audit shall be completed on an annual basis and the audit report submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period, unless a longer period is agreed to in advance by the OTDA. The audit shall be conducted in accordance with generally accepted government auditing standards by an independent auditor and submitted in a form determined by the OTDA. The OTDA will report its findings and any recommendations to the Contractor and may impose any sanctions as determined appropriate.

2. *Reporting and Vouchering Requirements*

Unless otherwise specified, requests for reimbursement must be submitted to the New York State Grants Gateway, https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx, by the contractor on a quarterly basis during the contract term. Payments will be based on vouchers and any necessary documents that support the services for which reimbursement is requested. Additional reporting, as may be determined by BRS, may also be required.

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

Contractor must submit the NYS Claim for Payment, NYC Refugee Medical Screening Form (see Attachment C), and NYC Refugee Medical Screening Program Client Roster (See Attachment D), all of which must be submitted to BRS on a quarterly basis. Contractors must also ensure that any e-mail sent to BRS containing personally identifiable or protected health information (PII/PHI) is encrypted.

3. Case Records

The contractor must adhere to BRS instructions regarding case records as stated in the contract and in related BRS manuals, directives, and other forms of notification.

4. Monitoring

BRS will monitor contractors on a regular basis throughout the life of the contract. Monitoring may include site visits, regular telephone contact and/or discussions of performance and progress. The goals of project monitoring are to determine whether the terms of the contract are being met and to provide technical assistance, where necessary, to help the contractor meet these terms. BRS reserves the right to conduct site visits and make telephone contact with 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 participant or service claimed.

5. Amendments to the Contract

Amendments and modifications of executed contracts are sometimes necessary to accommodate the needs of both the contractor and OTDA. These changes, which must be by mutual written agreement, may include modification to reimbursement schedules, time and money amendments, or no-cost extensions as necessary. Contract modifications, including amendments and no-cost time extensions, will be made at the discretion of the OTDA with the approval of the Attorney General and the Office of the State Comptroller. Reimbursement Rates will only change with authorized revisions to the Refugee Medical Screening Protocol and authorization from ORR.

XIV. GENERAL TERMS AND CONDITIONS

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

OTDA reserves the right to amend, modify or withdraw this RFA and to reject any proposals submitted, and may exercise such right at any time without notice and without liability to any applicant or other parties for any expenses incurred in the preparation of a proposal. OTDA reserves the right to accept or reject any or all proposals that do not completely conform to the requirements or instructions given in the RFA, including time frames for submission thereof.

OTDA reserves the right to award contract(s) to as many or as few applicants as it may select.

OTDA reserves the right to conduct contract negotiations with the next responsible applicant, should OTDA be unsuccessful in negotiating with a selected applicant.

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

OTDA reserves the right to seek clarifications and revisions of applications and to require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an application and/or to determine an offeror's compliance with the requirements of the solicitation.

OTDA reserves the right to use application information obtained through site visits, management interviews and the State's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to OTDA's request for clarifying information in the course of evaluation and/or selection under the RFA. OTDA reserves the right to use any and all ideas submitted in the proposals received. Funds awarded for this project shall be used only for the conduct of the project as approved.

If additional funding becomes available, OTDA reserves the right to redistribute funding among any or all of the contract awardees and/or subsequently reconsider eligible applications submitted in response to this RFA at that time, using the same award methodology in lieu of releasing a new RFA, if deemed to be in the best interest of the State. Updated information may be requested as deemed necessary by OTDA. OTDA also reserves the right to issue a new RFA to solicit new proposals.

OTDA reserves the right to terminate in whole or in part, or modify the contract at its discretion or due to the unavailability of funds. Such termination shall not affect obligations incurred under the contract prior to the effective date of such termination.

When funds are advanced any unexpended balance or funds unaccounted for at the end of the approved period or at the time of termination must be returned.

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

The terms and conditions for all funded projects are specified in a detailed contract which must be signed by OTDA and approved by the New York State Office of the Attorney General and the Office of the State Comptroller before any work is to begin or payments are made. The successful applicant will be sent the complete standard contract for execution. Before submitting the application, the applicant is encouraged to review sections of the contract that are available to download from the Contract Document Properties section of the Forms Menu in the Grants Gateway grant opportunity.

It is the policy of OTDA 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 for the provision of goods and services. OTDA may require the Contractor to demonstrate how the Contractor has complied or will comply with the aforesaid policy.

Subject to the availability of funds, the contract award will be made to the applicants whose applications are determined to best meet the criteria for evaluation and selection set forth in this RFA.

OTDA reserves the right to award contract(s) to as many or as few applicants as it may select, and to reject all applications that do not conform to the requirements of the RFA.

OTDA reserves the right to reject any or all applications received in response to the RFA. OTDA reserves the right to make an award under the RFA in whole or in part.

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

The contractor will be required to comply with all applicable Federal and State laws, regulations, policies, guidance, and programmatic requirements. The contractor must also comply with applicable New York State Executive Orders.

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

1. NYS Master Contract Face Page
2. NYS Master Contract Terms and Conditions
3. Attachment A-1, (Program Specific Terms and Conditions)
4. Attachment A-2 (Federal Terms and Conditions)
5. Attachment C (Work Plan)
6. Attachment D (Payment and Reporting Schedule)

To view the contract template please visit:

<https://grantsmanagement.ny.gov/system/files/documents/2018/09/sample-complete-nys-mcq.pdf>

Applicants must review the Attachments, as successful applicants will be expected to comply with the terms and conditions specified therein. These Attachments will become a part of any contract that is developed with successful applicants as a result of this RFA.

All plans and working documents prepared by the applicant under the contract to be awarded will become the property of the State of New York. OTDA reserves the right to use any and all ideas submitted in the applications received.

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

All reports of investigations, studies, and publications made as a result of this proposal must acknowledge the support provided by OTDA.

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. A successful applicant agrees that it shall use and maintain personally identifiable information relating to individuals who may receive services, and their families, pursuant to the Master Contract, or any other information, data or records marked as, or reasonably deemed, confidential by the OTDA (Confidential Information) only for the limited purposes of the Master Contract and in conformity with applicable provisions of State and Federal law. Under any contract resulting from this RFA, a successful applicant (i) will have an affirmative obligation to safeguard any such Confidential Information from unnecessary or unauthorized disclosure and (ii) must 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). A successful applicant must also meet the requirements pertaining to confidentiality, privacy and security that are set forth in Attachment A-1 to the Contract which is available for review in Grants Gateway. Applicants are encouraged to review the Master Contract for Grants, and all Attachments thereto, prior to submitting a proposal.

OTDA reserves a royalty free non-exclusive license to use and to authorize others to use all copyrighted material resulting from this project.

Successful applicants will be subject to New York State's prompt contracting law.

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

XV. PARTICIPATION OPPORTUNITIES FOR NEW YORK STATE CERTIFIED SERVICE-DISABLED VETERAN-OWNED BUSINESSES

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Businesses (SDVOBs), thereby further integrating such businesses into New York State's economy. OTDA recognizes the need to promote the employment of service-disabled veterans and to create opportunities for maximum feasible participation by certified service-disabled veteran-owned businesses in the performance of OTDA contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, Bidders/Contractors are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as protégés, or in other partnering or supporting roles.

For purposes of this procurement, OTDA conducted a comprehensive search and determined that the Contract does not offer sufficient opportunities to set specific goals for participation by SDVOBs as subcontractors, service providers, and suppliers to Contractor. Nevertheless, Bidder/Contractor is encouraged to make good faith efforts to promote and assist in the participation of SDVOBs on the Contract for the provision of services and materials. The directory of New York State Certified SDVOBs can be viewed at: <https://ogs.ny.gov/veterans/>.

The Bidder/Contractor is encouraged to contact the Office of General Services' Division of Service-Disabled Veteran's Business Development at 518-474-2015 or VeteransDevelopment@ogs.ny.gov to discuss methods of maximizing participation by SDVOBs on the contract.

XVI. EXECUTIVE ORDER NUMBER 38: LIMITS ON STATE-FUNDED ADMINISTRATIVE COSTS AND EXECUTIVE COMPENSATION

Funds requested in support of administrative personnel are subject to Executive Order #38. Pursuant to this order, grant funds may not be used to support the salaries of administrative personnel that receive compensation in excess of \$199,000 without an approved waiver. OTDA may adjust the compensation cap annually based on appropriate factors and with the approval of the Director of the Division of Budget.

On January 18, 2012, Governor Andrew M. Cuomo issued Executive Order Number 38, "Limits on State-Funded Administrative Costs and Executive Compensation," which required that certain State agencies, including those involved in this RFA, promulgate regulations limiting State reimbursement for administrative expenses and executive compensation of service providers. Any contract awarded through this RFA will be subject to the EO 38 regulations if the awardee is a "covered provider" within the meaning of those regulations. Important Legal Notice: Based upon the April 8, 2014 decision in *Agencies for Children's Therapy Services, Inc. v. New York State Department of Health, et al.* ("ACTS"), covered providers conducting business in Nassau County need not file Executive Order 38 disclosures. For purposes of this notice, "conducting business" means having a place of business within Nassau County, providing program services or administrative services involving the use or receipt of State funds or State-authorized payments within Nassau County, or otherwise conducting business within Nassau County in relation to which executive compensation is paid. Please note that the ACTS decision is under appeal. Those affected by the ACTS decision should periodically check the EO 38 website for updates regarding any changes to this notice. <http://executiveorder38.ny.gov/>.

XVII. EXECUTIVE ORDER NUMBER 190: INCORPORATING HEALTH ACROSS ALL POLICIES INTO STATE AGENCY ACTIVITIES

Per Executive Order 190, this RFA incorporates the New York State Prevention Agenda and the World Health Organization (WHO) Eight Domains of Livability to further the Health Across All Policies initiative.

The New York State Prevention Agenda is the blueprint for action to improve the health of New Yorkers and become the healthiest state for people of all ages. The five priority areas of the New York State Prevention Agenda are:

1. Preventing Chronic Diseases
2. Promoting a Healthy and Safe Environment
3. Promoting Healthy Women, Infants and Children
4. Promoting Well-Being and Preventing Mental Health and Substance Use Disorders
5. Preventing Communicable Diseases

The WHO Eight Domains of Livability include:

1. Outdoor Spaces and Buildings
 - Providing safe, accessible places for the public to gather indoors and out. Ensuring that parks, sidewalks, safe streets, outdoor seating, and accessible buildings can be used and enjoyed by people of all ages.
2. Transportation
 - Increasing the accessibility, availability, and affordability of public transit options, as well as ensuring safe roadways.
3. Housing
 - Expanding affordable housing options for varying life stages, and enacting programs that help people remain in their homes longer to age in place.
4. Social Participation
 - Increasing access to affordable and community-based social activities can help address loneliness and isolation.
5. Respect and Social Inclusion
 - Increasing the availability of intergenerational activities and programs.
6. Civic Participation and Employment
 - Provide ways that all people, including older people, can, if they choose to, work for pay, volunteer their skills, and be actively engaged in community life.
7. Communication and Information
 - Providing information through a variety of means and in a culturally competent manner, recognizing that not everyone has a smartphone or internet access.
8. Community and Health Services
 - Ensuring accessible and affordable health services in every community.

The Health Across All Policies initiative is a collaborative approach that integrates health considerations into policymaking across all sectors to improve community health and wellness. To successfully improve the health of all communities, health improvement strategies must target social determinants of health and other complex factors that are often the responsibility of non-health partners such as housing, transportation, education, environment, parks, and economic development.

Consistent with Executive Order 190, where requested in this RFA, applicants must describe how their proposals can improve community health and wellness through alignment and coordination with the New York State Prevention Agenda priorities and the WHO Eight Domains of Livability.

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

Pursuant to New York State Executive Law Article 15-A and Parts 140-145 of Title 5 of the New York Codes, Rules and Regulations, OTDA is required to promote opportunities for the maximum feasible participation of New York State-certified Minority and Women-owned Business Enterprises (MWBEs) and the employment of minority group members and women in the performance of OTDA contracts.

1. *Business Participation Opportunities for MWBEs*

For purposes of this solicitation, OTDA hereby establishes an overall goal of 30% for MWBE participation, 15% percent for New York State-certified Minority-owned Business Enterprise (MBE) participation and 15% percent for New York State-certified Women-owned Business Enterprise (WBE) participation (based on the current availability of MBEs and WBEs). A contractor ("Contractor") on any contract resulting from this procurement ("Contract") must document its good faith efforts to provide meaningful participation by MWBEs as subcontractors and suppliers in the performance of the Contract. To that end, by submitting a response to this RFA, the respondent agrees that OTDA may withhold payment pursuant to any Contract awarded as a result of this RFA pending receipt of the required MWBE documentation. The directory of MWBEs can be viewed at: <https://ny.newnycontracts.com>. For guidance on how OTDA will evaluate a Contractor's "good faith efforts," refer to 5 NYCRR § 142.8.

The respondent understands that only sums paid to MWBEs for the performance of a commercially useful function, as that term is defined in 5 NYCRR § 140.1, may be applied towards the achievement of the applicable MWBE participation goal. [FOR CONSTRUCTION CONTRACTS – The portion of a contract with an MWBE serving as a supplier that shall be deemed to represent the commercially useful function performed by the MWBE shall be 60 percent of the total value of the contract. The portion of a contract with an MWBE serving as a broker that shall be deemed to represent the commercially useful function performed by the MWBE shall be the monetary value for fees, or the markup percentage, charged by the MWBE]. [FOR ALL OTHER CONTRACTS - The portion of a contract with an MWBE serving as a broker that shall be deemed to represent the commercially useful function performed by the MWBE shall be 25 percent of the total value of the contract].

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

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

By submitting a bid or proposal, a respondent agrees to demonstrate its good faith efforts to achieve the applicable MWBE participation goals by submitting evidence thereof through the New York State Contract System ("NYSCS"), which can be viewed at <https://ny.newnycontracts.com>, provided, however, that a respondent may arrange to provide such evidence via a non-electronic method by contacting the Contract's program manager at OTDA.

Additionally, a respondent will be required to submit the following documents and information as evidence of compliance with the foregoing:

- An MWBE Utilization Plan with their bid or proposal. Any modifications or changes to an accepted MWBE Utilization Plan after the Contract award and during the term of the Contract must be reported on a revised MWBE Utilization Plan and submitted to OTDA for review and approval.

OTDA will review the submitted MWBE Utilization Plan and advise the respondent of OTDA acceptance or issue a notice of deficiency within 30 days of receipt.

- If a notice of deficiency is issued, the respondent will be required to respond to the notice of deficiency within seven (7) business days of receipt by submitting to the OTDA a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by OTDA to be inadequate, OTDA shall notify the respondent and direct the respondent to submit, within five (5) business days, a request for a partial or total waiver of MWBE participation goals. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.

OTDA may disqualify a respondent as being non-responsive under the following circumstances:

- If a respondent fails to submit an MWBE Utilization Plan;
- If a respondent fails to submit a written remedy to a notice of deficiency;
- If a respondent fails to submit a request for waiver; or
- If OTDA determines that the respondent has failed to document good faith efforts.

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

The successful respondent will be required to submit a quarterly MWBE Contractor Compliance & Payment Report to OTDA, by the 8th day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

2. Equal Employment Opportunity Requirements

By submission of a bid or proposal in response to this solicitation, the respondent agrees with all of the terms and conditions of [Appendix A – Standard Clauses for All New York State Contracts including Clause 12 - Equal Employment Opportunities for Minorities and Women OR Authority equivalent to Appendix A]. The respondent is required to ensure that it and any subcontractors awarded a subcontract 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 respondent, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

The respondent will be required to submit a Minority and Women-owned Business Enterprise and Equal Employment Opportunity Policy Statement, Form OTDA-4970, to OTDA with its bid or proposal.

If awarded a Contract, respondent shall submit a Workforce Utilization Report, Form OTDA-4971, and shall require each of its Subcontractors to submit a Workforce Utilization Report, in such format as shall be required by OTDA on a QUARTERLY basis during the term of the Contract.

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

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

PART B APPLICATION PACKET

*Please read Pages 1-24 of the Request for Applications carefully before
completing this Application Packet*

Completing the Application

Section A - APPLICANT DOCUMENTATION

Executive Summary

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

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

Suggested format:

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

GENERAL INFORMATION

NYC REFUGEE MEDICAL SCREENING AND IMMUNIZATION PROGRAM APPLICANT PROJECT INFORMATION

INDICATE TYPE OF ORGANIZATION CARRYING OUT THE ACTIVITY:

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

APPLICANT NAME: _____

EXECUTIVE DIRECTOR: _____

BUSINESS ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

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

Email Address: _____

PROJECT ADDRESS (if other than business address):

PROGRAM CONTACT: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

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

Email Address: _____

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

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

Please provide the following identifying information regarding the project:

Community District(s) *NYC only*:

Federal Congressional District(s):

State Assembly District(s):

State Senate District(s):

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

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

If not, why? _____

COUNTY/ COUNTIES WHERE SERVICES ARE TO BE PROVIDED _____

ACCESSIBILITY DETERMINATION

Is project site: wheelchair accessible? ☐ Yes ☐ No

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

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

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

No further entries on this page.

Section B – PROGRAM NARRATIVE (NO PAGE LIMIT)

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

ORGANIZATIONAL EXPERIENCE & CAPACITY

Describe your organization, how the proposed program will be operated within your organization, and what your organization will bring to the targeted population. Your description **must** address the following whether applicable or not. If not applicable, please state that the information is not applicable:

- Describe your organization's experience in providing medical services to refugee and/or other eligible populations.
- Describe how your organization will utilize your current expertise and capacity to implement services under this program. What types of medical specialists will be available to administer the initial health screening?
- Describe how the program/services will improve community health and wellness and advance applicable New York State Prevention Agenda Priorities, consistent with Executive Order 190 (EO 190). Please see page 21 for additional information on EO 190.
- Describe other programs or services that your organization administers and how they will be used to enhance the effectiveness of your proposed program.
- Describe your organization's established relationships with other community service providers. What specific resources will refugees gain through these relationships?
- Please attach a detailed organizational chart that reflects where your proposed program will be housed within your organization.
- Describe the role of your organization's Board of Directors in the operation of this program.
- Please provide copies of your organization's New York State Health Department, Office of Health Systems Management operating certificate and/or designation as a Federally Qualified Health Center (FQHC)
- Describe your agency's ability to provide primary care to refugees subsequent to the initial screening.
- Describe the operation and management of the project. Specifically, how your organization will accomplish the following:
 - ✓ Assure that there is no duplication of services;
 - ✓ Monitor progress towards goals;
 - ✓ Maintain agency and staff accountability;
 - ✓ Supervise cash flow;
 - ✓ Assure timely submission of reports and vouchers; and
 - ✓ Maintain appropriate case records for each individual served; indicating how the required documentation will be obtained and maintained, and how case records will be secured.
- Key Personnel Profile:
 - ✓ Attach a chart that depicts the staff involved with the project. For each staff member listed, please include the person's name and position or job title, the qualifications of the staff member, the responsibilities of the position or job title, the languages spoken by the staff member, the percent of time the staff member will spend on the proposed project, and the name and title of the supervisor.
 - ✓ In narrative form, please explain how the proposed positions are sufficient to successfully implement the proposed project.

Suggested format:

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

PROGRAM DESCRIPTION & IMPLEMENTATION

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

SECTION C – ORGANIZATION INFORMATION

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

Board of Directors Profile

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

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

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

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

1. HAS BUSINESS OPERATIONS IN NORTHERN IRELAND: ____YES ____NO

IF YES:

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

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

NAME: _____
SIGNATURE DATE

COMPANY: _____

PROCUREMENT LOBBYING ACT

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

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

BY: DATE:

NAME:

TITLE:

CONTRACTOR NAME:

CONTRACTOR ADDRESS:

OFFERER CERTIFICATION:

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

AUTHORIZED SIGNATURE

DISCLOSURE OF PRIOR NON-RESPONSIBILITY DETERMINATIONS

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

Address: _____

Name and Title of Person Submitting this Form: _____

Contract Procurement Number: _____

Date: _____

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

No

Yes

If yes, please answer the next questions:

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

No

Yes

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

No

Yes

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

Governmental Entity: _____

Date of Finding of Non-responsibility: _____

Basis of Finding of Non-Responsibility:

(Add additional pages as necessary)

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

No

Yes

6. If yes, please provide details below.

Governmental Entity: _____

Date of Termination or Withholding of Contract: _____

Basis of Termination or Withholding:

(Add additional pages as necessary)

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

By: _____ Date: _____
Signature

Name: _____

Title: _____

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

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

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

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

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

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

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

AGENCY AGREEMENT

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

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

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

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

(Signature of official authorized to sign for applicant)

(Date)

(Type name and title)

Workers' Compensation and Disability Insurance Requirements

New York State Workers' Compensation Law (WCL) has specific coverage requirements for businesses contracting with New York State and additional requirements which provide for the debarment of vendors that violate certain sections of WCL. This section provides guidance to State contracting entities regarding their obligations relative to these requirements.

BACKGROUND

The WCL requires, and has required since introduction of the law in 1922, the heads of all municipal and State entities to ensure that businesses have appropriate workers' compensation and disability benefits insurance coverage *prior* to issuing any permits or licenses, or *prior* to entering into contracts.

Workers' compensation requirements are covered by WCL Section 57, while disability benefits are covered by WCL Section 220(8). The Workers' Compensation Benefits clause in Appendix A – STANDARD CLAUSES FOR NEW YORK STATE CONTRACTS states that in accordance with Section 142 of the State Finance Law, a contract shall be void and of no force and effect unless the contractor provides and maintains coverage during the life of the contract for the benefit of such employees as are required to be covered by the provisions of the WCL.

Under provisions of the 2007 Workers' Compensation Reform Legislation (WCL Section 141-b), any person, or entity substantially owned by that person¹: subject to a final assessment of civil fines or penalties, subject to a stop-work order, or convicted of a misdemeanor for violation of Workers' Compensation laws Section 52 or 131, is barred from bidding on, or being awarded, any public work contract or subcontract with the State, any municipal corporation or public body² for one year for each violation. The ban is five years for each felony conviction.

PROOF OF COVERAGE REQUIREMENTS

The Workers' Compensation Board has developed several forms to assist State contracting entities in ensuring that businesses have the appropriate workers' compensation and disability insurance coverage as required by Sections 57 and 220(8) of the WCL.

Please note – an ACORD form is not acceptable proof of New York State workers' compensation or disability benefits insurance coverage.

Proof of Workers' Compensation Coverage

To comply with coverage provisions of the WCL, the Workers' Compensation Board requires that a business seeking to enter into a State contract submit appropriate proof of coverage to the State contracting entity issuing the contract. For each new contract or contract renewal, the contracting entity must obtain the following form from the contractor and submit to OSC to prove the contractor has appropriate workers' compensation insurance coverage:

- **Form C-105.2** – Certificate of Workers' Compensation Insurance issued by private insurance carriers, or **Form U-26.3** issued by the State Insurance Fund.

Proof of Disability Benefits Coverage

To comply with coverage provisions of the WCL regarding disability benefits, the Workers' Compensation Board requires that a business seeking to enter into a State contract must submit appropriate proof of coverage to the State contracting entity issuing the contract. For each new contract or contract renewal, the contracting entity must obtain the following form from the contractor and submit to OSC to prove the contractor has appropriate disability benefits insurance coverage:

- **Form DB-120.1³** - Certificate of Disability Benefits Insurance.

OSC Review

Except for contracts with municipalities, contracting entities must include all necessary proofs of insurance, as outlined above, with the procurement record for new contracts and contract renewals submitted to OSC for approval. Contracts will not be approved without such proof. OSC may immediately reject any contract submitted without such proof.

QUESTIONS

Any questions regarding workers' compensation coverage requirements or debarments should be directed to:

Workers' Compensation Board
Bureau of Compliance
(518) 462-8882
(866) 298-7830

ENCOURAGING USE OF NEW YORK STATE BUSINESSES IN CONTRACT PERFORMANCE

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

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

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

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

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

Will New York State businesses be used in the performance of this contract?

Yes ☐ No ☐

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

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

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

Name (Typed): _____

Date: _____

Signature: _____

Title: _____

Company (Typed): _____

Solicitation Name: _____

M/WBE SUBCONTRACTOR UTILIZATION EXAMPLES

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

M/WBE 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) under the contract. Note – A dually certified firm cannot be counted toward both the MBE and WBE participation goals. Attach additional sheets if necessary.

Offeror's Name:

Address:

City, State, Zip Code:

Telephone No.:

Region/Location of Work:

Federal Identification No.:

Solicitation Name/Contract No.:

MWBE Certified: Y/N

M/WBE Participation Goals: MBE % WBE %

1. Certified M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary)	5. Dollar Value of Subcontracts/Supplies/Services and intended performance dates of each component of the contract.
A.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
B.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
6. IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, OFFEROR MUST SUBMIT A REQUEST FOR WAIVER FORM - OTDA - 4969.				
PREPARED BY (Signature): DATE:			TELEPHONE NO.:	EMAIL ADDRESS:

NAME AND TITLE OF PREPARER (Print or Type):	FOR M/WBE USE ONLY	
	REVIEWED BY:	DATE:
	<p>UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date:</p> <p>Contract No.:</p> <p>Contract Award Date:</p> <p>Estimated Date of Completion:</p> <p>Amount Obligated Under the Contract:</p> <p>Description of Work:</p> <p>NOTICE OF DEFICIENCY ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date:_____</p> <p>NOTICE OF ACCEPTANCE ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date:_____</p>	
<p>SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT.</p>		

**Office of Temporary and Disability
Assistance**

40 North Pearl Street, Albany, NY
12243
www.otda.ny.gov

**OTDA – 4938 (Rev.
1/2016)**

**M/WBE SUBCONTRACTORS AND SUPPLIERS
LETTER OF INTENT TO PARTICIPATE**

Contractor:

Contract No.:

Address:

Federal ID#:

Dear Contractor:

I, _____ intend to perform work for _____
(Name of Subcontractor/Supplier) (Name of Prime Contractor)

My Minority/Women Business Enterprise (M/WBE) status as a MBE (☐) and/or WBE (☐) is
certified as of

_____.
(Certification date)

_____ is prepared to do the following:
(Name of Subcontractor/Supplier)

(Describe work to be performed on the above project)	Unit Price	Total Amount

You have projected _____ for such work to start.
(Commencement Date)

_____ will sign a formal contract for the above work conditioned
(Name of Subcontractor/Supplier)

upon the approval of your executed contract with the contractor.

Please choose one of the following options:

MBE: Subcontractor [] Supplier []
WBE: Subcontractor [] Supplier []

Company Official's Name: _____
Company Official's
Signature
Address:

Title: _____
Date: _____

*****This section is to be completed by the prime contractor*****

Company Official's Name: _____
Company Official's
Signature
Telephone Number:

Title: _____
Date: _____
Fax Number

STAFFING PLAN

Submit with Bid or Proposal – Instructions on page 2

Solicitation No.: [REDACTED]	Reporting Entity: [REDACTED]	Report includes Contractor's/Subcontractor's: <input type="checkbox"/> Workforce to be utilized on this contract
Offeror's Name: [REDACTED]		<input type="checkbox"/> Offeror <input type="checkbox"/> Subcontractor
Offeror's Address: [REDACTED]		Subcontractor's name [REDACTED]

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

EEO-Job Category	Total Work force	Workforce by Gender		Workforce 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	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Professionals	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Technicians	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Sales Workers	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Office/Clerical	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Craft Workers	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Laborers	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Service Workers	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Temporary /Apprentices	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Totals	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
PREPARED BY (Signature): [REDACTED]								TELEPHONE NO.: [REDACTED] EMAIL ADDRESS: [REDACTED]						DATE: [REDACTED]				
NAME AND TITLE OF PREPARER (Print or Type): [REDACTED]										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 (M/WBE 101) 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 and/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 and/or subcontractor's total work force, the Offeror shall complete this form for the contractor's and/or subcontractor's total work force.

Instructions for completing:

1. Enter the Solicitation number that this report applies to along with the name and address of the Offeror.
2. Check the box acknowledging work force to be utilized on the contract.
3. Check off the appropriate box to indicate if the Offeror completing the report is the contractor or a subcontractor.
4. Enter the total work force by EEO job category.
5. Break down the anticipated total work force by gender and enter under the heading "Work force by Gender".
6. Break down the anticipated total work force by race/ethnic identification and enter under the heading "Work force by Race/Ethnic Identification". Contact the OM/WBE Permissible contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the anticipated 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 form, 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 Male or Female

WORKFORCE UTILIZATION REPORT

Section A - Contractor's/ Subcontractor's Information

Reporting Entity ☐ Contractor ☐ Subcontractor

Contractor Name _____

FEIN _____

Contractor Address _____

Funding Source ☐ State ☐ Federal ☐ Blended

Contract Number _____

Reporting Period - Select One

☐ January 1 - March 31 ☐ April 1 - June 30

☐ July 1 - September 30 ☐ October 1 - December 31

Reporting Month - Select One

☐ January ☐ February ☐ March

☐ April ☐ May ☐ June

☐ July ☐ August ☐ September

☐ October ☐ November ☐ December

Workforce Identified in Report

☐ Workforce Utilized in Performance of Contract

☐ Contractor/Subcontractor's Total Workforce

Preparer's Name: _____

Preparer's Title: _____

Date: _____

By checking this box, I certify that I personally completed this document and I adopt the name typed above as my electronic signature under the NYS Electronic Signatures and Records Act, with like legal force and effect as if I had physically signed the document.

☐ Check this box to request that the material included herein be withheld from disclosure pursuant to Article 6 of the Public Officers Law (Freedom of Information Law)

Section B - SOC Occupation Classifications and Titles

Section C - Number of Employees, Hours Worked and Total Compensation by Race/Ethnic Identification During Reporting Period

Occupation Classifications (SOC Major Group)	SOC Job Title	EEO Job Title	SOC Job Code	White						Black/African American						Hispanic/Latino						Asian/Native Hawaiian or Other Pacific Islander						Native American/Alaskan Native					
				Male			Female			Male			Female			Male			Female			Male			Female			Male			Female		
				No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages
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General instructions:

The Workforce Utilization Report (OTDA – 4971) is to be submitted on a quarterly basis during the life of the contract to report the actual workforce utilized in the performance of the contract broken down by the job categories, titles and codes. When the workforce utilized in the performance of the contract can be separated out from the contractor's and/or sub-contractor's total workforce, the contractor and/or sub-contractor shall submit a Utilization Report of the workforce utilized on the contract. When the workforce to be utilized on the contract cannot be separated out from the contractor's and/or sub-contractor's total workforce, information on the total workforce shall be included in the Utilization Report. Utilization reports are to be completed for the quarters end 3/31, 6/30, 9/30 and 12/31 and submitted to the OTDA contract manager within 7 days of the end of each quarter. If there are no changes to the workforce utilized on the contract during the reporting period, the contractor can submit a copy of the previously submitted report indicating no change with the date and reporting period updated.

Instructions for completing:

- 1. REPORTING ENTITY:** Check off the appropriate box to indicate if the entity completing the report is the Contractor or a sub-contractor.
- 2. FEDERAL EMPLOYER IDENTIFICATION NUMBER:** Enter the Federal Employer Identification Number (FEIN) assigned by the IRS. Contractors utilizing their racial security number in lieu of an FEIN should leave this field blank.
- 3. CONTRACTOR NAME and CONTRACTOR ADDRESS:** Enter the name and address of the Contractor preparing the report.
- 4. CONTRACT NUMBER:** Enter the contract number to which this report applies.
- 5. REPORTING PERIOD:** Check off the box that corresponds to the reporting period for this report.
- 6. WORKFORCE IDENTIFIED IN REPORT:** Check off the appropriate box to indicate if the workforce being reported is just for the contract, or the contractor's or sub-contractor's total workforce.
- 7. OCCUPATION CLASSIFICATIONS and SOC JOB TITLE:** Select the occupation classification and job title that best describes each group of employees performing work on the state contract under columns A and B. *"The IEO Job Title and SOC Job Codes will automatically populate the Excel spreadsheet once the Contractor/sub-contractor has selected the applicable Occupation Classification and SOC Job Title. Do not modify the results generated in these fields."*
- 8. NUMBER OF EMPLOYEES and NUMBER OF HOURS:** Enter the number of employees and total number of hours worked by each employee during pay periods covered by the Report for each job title under the column corresponding to the gender and racial/ethnic groups with which the employees most closely identify.
- 9. TOTAL GROSS WAGES: [TO BE REPORTED QUARTERLY]** Enter the total gross wages paid to all employees for each job code, and each gender and racial/ethnic group, identified in the Report. Contractors and sub-contractors should report only gross wages for work on the contract paid to employees during the period covered by the Report. "Gross wages" are those reported by employers to employees on their wage statements. Gross wages are defined more specifically by 20 NYCRR §2380.4 and typically include every form of compensation for employment paid by an employer to his, her or its employee, whether paid directly or indirectly by the employer, including salaries, commissions, bonuses, tips and the reasonable value of board, rent, housing, lodging or similar advantage received.
- 10. PREPARER'S INFORMATION:** Enter the name and title for the person completing the form, enter the date upon which the Report was completed, and check the box accepting the name entered into the Report as the digital signature of the preparer.
- 11. Save the document prior to submission using the following naming convention: *OTDA_EnterContractNumber.xls***
- 12. Click the "Submit" button to attach the file in an email, or email the completed report to: otda.rm.ca.quarterly.compliance.eeg.staffing.reports@otda.ny.gov, and copy your assigned OTDA Program Manager.**

Race/Ethnic and Gender Identification:

Race/ethnic designations do not denote scientific definitions of anthropological origin. For the purposes of this Report, an employee must be included in the group with which he or she most closely identifies. No person may be counted in more than one race/ethnic group. In determining an employee's race or ethnicity, a contractor may rely upon an employee's self-identification, employment records, or, in cases where an employee refuses to identify his or her race or identity, observer identification. The race/ethnic categories for this Report are:

WHITE (Not of Hispanic origin)

All persons having origin in any of the original peoples of Europe, North Africa, or the Middle East.

BLACK/AFRICAN AMERICAN

A person, not of Hispanic origin, who has origin in any of the black racial groups of the original peoples of Africa.

HISPANIC/ LATINO

A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

ASIAN/NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER

A person having origin in any of the original peoples of the Far East, Southeast Asia, the Indian sub-continent or the Pacific Islands.

NATIVE AMERICAN/ALASKAN NATIVE GENDER

A person having origin in any of the original peoples of North America, and who maintains cultural identification through tribal Male or Female

MINORITY AND 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 _____

M/WBE

This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the M/WBE contract participations goals set by the State for that area in which the State-funded project is located, by taking the following steps:

- (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 AGENCY 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 enhanced participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.
- (5) Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. The Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.
- (6) Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that, if legally permissible, bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

EEO

(a) This organization 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 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, creed, color, national origin, sex disability or marital status.

(c) At the request of the contracting agency, this organization shall request each employment agency, labor union, or authorized 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 this organization's obligations herein.

(d) The Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. The 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.

(e) This organization will include the provisions of sections (a) through (d) 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: _____

_____ is designated as the Minority Business Enterprise Liaison
(Name of Designated Liaison)

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

M/WBE Contract Goals

_____ % Minority and Women's Business Enterprise Participation

_____ % Minority Business Enterprise Participation

_____ % Women's Business Enterprise Participation

(Authorized Representative)

Title: _____

Date: _____

REQUEST FOR WAIVER FORM

INSTRUCTIONS: SEE PAGE 2 OF THIS ATTACHMENT FOR REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS.		
Offeror/Contractor Name: <input style="width: 80%;" type="text"/>	Federal Identification No.: <input style="width: 80%;" type="text"/>	
Address: <input style="width: 80%;" type="text"/>	Solicitation/Contract No.: <input style="width: 80%;" type="text"/>	
City, State, Zip Code: <input style="width: 80%;" type="text"/>	M/WBE Goals: MBE <input style="width: 10%;" type="text"/> % WBE <input style="width: 10%;" type="text"/> %	
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: <input style="width: 100px;" type="text"/>		
PREPARED BY (Signature): <small>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.</small>	Date: <input style="width: 100px;" type="text"/>	
Name and Title of Preparer (Printed or Typed): <input style="width: 80%;" type="text"/>	Telephone Number: <input style="width: 100px;" type="text"/>	Email Address: <input style="width: 100px;" type="text"/>
***** FOR M/WBE USE ONLY *****		
Submit with the bid or proposal or if submitting after award (Form must be submitted to OTDA's program contract manager). For questions regarding this form, please call: The NYS OTDA MWBE Program Management Unit at 212-961-8217.	REVIEWED BY: <input style="width: 150px;" type="text"/> DATE: <input style="width: 100px;" type="text"/> Waiver Granted: <input type="checkbox"/> YES MBE: <input type="checkbox"/> WBE: <input type="checkbox"/> <input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver <input type="checkbox"/> ESD Certification Waiver <input type="checkbox"/> Conditional <input type="checkbox"/> Notice of Deficiency Issued _____ *Comments:	

REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS

When completing the Request for Waiver Form please check all boxes that apply. To be considered, the Request for Waiver Form must be accompanied by documentation for items 1 – 12, 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).
12. Please use OTDA - 4976 M/WBE Goal Requirements Certification of Good Faith Efforts, as a guideline for submission of all supporting documentation for this waiver request.

Note:

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

Failure to submit this form will result in non-compliance

M/WBE Quarterly Compliance Report

Is this a final report? Check One

Yes ☐

No ☐

NYS OTDA Contract No. _____

The following information indicates the payment amounts made by the grantee/contractor to the NYS Certified M/WBE subcontractor on this project. The payments as shown made are in compliance with contract documents for the above referenced project.

Contractors Name and Address		Federal ID#	Goals/\$ Amt. MBE ____% = _____ WBE ____% = _____		Contract Type _____ Paid to Contractor This Quarter _____ Total Paid to Contractor To Date _____					
Expenditure Code		Project Completion Date	Work Location		REPORTING PERIOD (BEGINNING 10 DAYS FOLLOWING THE END OF THE FIRST CALENDAR QUARTER): ____ 1 st Quarter (4/1-6/30) _____ 3 rd Quarter (10/1-12/31) ____ 2 nd Quarter (7/1-9/30) _____ 4 th Quarter (1/1-3/31)					
M/WBE Subcontractor/Vendor	Product Code*	Work Status This Report	Total Subcontractor Contract Amount		Payments this Quarter		Previous Payments		Total Payment Made to Date	
			MBE	WBE	MBE	WBE	MBE	WBE	MBE	WBE
Name: FED ID#		____ Active ____ Inactive ____ Complete								
Name: FED ID#		____ Active ____ Inactive ____ Complete								
Name: FED ID#		____ Active ____ Inactive ____ Complete								
Totals										

Send completed report to: otda.sm.co.quarterly.compliance.reports@otda.ny.gov and cc your OTDA Program/Contract Manager.

Date _____ Name _____ Title _____ Signature _____

*** EXPENDITURE CODE:**

C – Commodities, **SC** – Services/Consultants, **CC** – Construction Consultants, **CN** – Construction

***PRODUCT KEY CODE**

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

***Work Status This Report:**

Active
Inactive
Complete

M/WBE GOAL REQUIREMENTS CERTIFICATION OF GOOD FAITH EFFORTS

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

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

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

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

Signature _____

Date _____

Print Name _____

Title

Company

Contract Number

Program/Solicitation Name

CERTIFICATE OF INCORPORATION

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

Offeror's Acknowledgment of Understanding of Post-Employment Provisions

CONTRACTOR'S ACKNOWLEDGEMENT OF UNDERSTANDING OF POST-EMPLOYMENT PROVISIONS	
<p>The Authorized Signatory of the Contractor acknowledges that he/she has the authority to sign on behalf of the Contractor, has read and understands the provisions applicable to post-employment restrictions affecting former State officers and employees, and agrees to abide by the Provisions of the Public Officer's Law during the term of the Agreement.</p>	
CONTRACTOR'S DISCLOSURE OF ANY EXISTING AND/OR CONTEMPLATED CONFLICT OF INTEREST	
<p>Have you any existing or contemplated relationship with any other person or entity, including relationships with any member, shareholders of 5% or more, parent, subsidiary, or affiliated firm, which would constitute an actual or potential conflict of interest or appearance of impropriety, relating to other clients/customers of the Contractor or former officers and employees of the Agencies and their Affiliates, in connection with your rendering services enumerated in this Agreement.</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If your answer to the above is "Yes", please attach a written explanation. Include a statement with your Agreement documents describing how your Staffing Firm would eliminate or prevent the Conflict of Interest. Indicate what procedures will be followed to detect, notify OTDA of, and resolve any such conflicts.</p> <p>By my signature on this form, I certify that all information disclosed to the State is complete, true, and accurate with regard to Conflicts of Interest.</p>	
CONTRACTOR'S DISCLOSURE OF FORMER STATE EMPLOYEES	
<p>Do you employ and/or use any subcontractors who are former employees of OTDA that will be assigned to perform services under this Agreement.</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If your answer to the above is "Yes", please attach a written statement identifying any/all employees and/or subcontractors who are former employees of OTDA that will be assigned to perform services under this Agreement. Include a description of their work duties, and the dates of their employment.</p> <p>By my signature on this form, I certify that all information disclosed to the State is complete, true, and accurate with regard to Former State Employees.</p>	
CONTRACTOR'S DISCLOSURE OF ANY INVESTIGATION OR DISCIPLINARY ACTION BY THE NEW YORK STATE COMMISSION ON PUBLIC INTEGRITY OR ITS PREDECESSOR STATE ENTITIES (COLLECTIVELY, "COMMISSION")	
<p>Have you or any of your members, shareholders of 5% or more, parents, affiliates, or subsidiaries, have been the subject of any investigation or disciplinary action by the New York State Commission on Public Integrity or its predecessor State entities (collectively, "Commission").</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If your answer to the above is "Yes", please attach a written explanation. Include a statement with your Proposal providing a brief description indicating how any matter before the Commission was resolved, or whether it remains unresolved.</p> <p>By my signature on this form, I certify that all information disclosed to the State is complete, true, and accurate with regard to Investigations or disciplinary actions by the Commission.</p>	
CONTRACTOR'S AGREEMENT TO NOTIFY OTDA OF POTENTIAL FUTURE CONFLICTS	
<p>By signature below, the Authorized Signatory of the Contractor, certifies that he/she will notify OTDA of any/all new potential conflicts of interest and any/all new contractor staff that are prior OTDA employees during the term of the contract, prior to hiring of said individual, and will complete and submit an updated version of this form to OTDA at the time of becoming aware of any such new potential conflicts of interest, and of any/all new contractor or subcontractor staff that are prior OTDA employees.</p>	
THE SIGNATURE BELOW INDICATES CERTIFICATION/ACKNOWLEDGEMENT/UNDERSTANDING OF EACH OF THE ABOVE	
<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 60%;"> <p>_____ Authorized Signatory</p> <p>_____ Printed or Typed Name</p> <p>_____ Title</p> </div> <div style="width: 35%;"> <p>_____ Date</p> <p>_____ Contract Number</p> </div> </div>	

Offeror Assurance of No Conflict of Interest or Detrimental Effect

The Offeror proposing to provide services pursuant to this solicitation, as Contractor, Joint venture contractor, subcontractor, or consultant, attests that its performance of the services outlined in this solicitation does not and will not create a conflict of interest with nor, position the Offeror to breach any other Agreement currently in force with the State of New York.

Furthermore, the attests that it will not act in any manner that is detrimental to any State project on which the Offeror is rendering services; Specifically the Offeror attests that:

1. The fulfillment of obligations by the Offeror, as proposed in the response, does not Violate, any existing Contracts or Agreements between the Offeror and the State;
2. The fulfillment of obligations by the Offeror, as proposed in the response, does not and will not create any conflict of interest, or perception thereof, with any current role or responsibility that the Offeror has with regard to any existing Contracts or Agreements between the Offeror and the State;
3. The fulfillment of obligations by the Offeror, as proposed in the response, does not and will not compromise the Offeror's ability to carry out its obligations under any existing Agreements between the Offeror and the State;
4. The fulfillment of any other contractual obligations that the Offeror has with the State will not affect or influence its ability to perform under any Agreement with OTDA resulting from this RFP;
5. During the negotiation and execution of any Agreement resulting from this RFP, the Offeror will not knowingly take any action or make any decision which creates a Potential, for conflict of interest or might cause a detrimental impact to the State as a whole including, but not limited to, any action or decision to divert resources from one State project to another;
6. In fulfilling obligations under each of its State contracts, including any Agreement which results from this RFP, the Offeror will act in accordance with the terms of each of its State contracts and will not knowingly take any action or make any decision which might cause a detrimental impact to the State as a whole including, but not limited to any action or decision to divert resources from one State project to another;
7. No former officer or employee of the State who is now employed by the Offeror, nor any former officer or employee of the Offeror who is now employed by the State, has played a role with regard to the administration of this procurement in a manner that may violate section 73(8)(a) of the State Ethics Law; and
8. The Offeror has not and shall not offer to any employee, member or director of OTDA any gift, whether in the form of money, service, loan, travel, entertainment, hospitality, thing or promise, or in any other form, under circumstances in which it could reasonably be inferred that the gift was intended to influence said employee, member or director, or could reasonably be expected to influence said employee, member or director, in the performance of the official duty of said employee, member or director or was intended as a reward for any official action on the part of said employee, member or director.

Offeror's responding to this RFP should note that OTDA recognizes that conflicts may occur in the future because an Offeror may have existing or new relationships. OTDA will review the nature of any such new relationship and reserves the right to terminate the Agreement for cause if, in its judgment, a real or potential conflict of interest cannot be cured.

Dated:

Signature

Name: _____

Title: _____

NOTE: This form must be signed by an authorized executive or legal representative (person that is authorized to bind the Offeror contractually).

OTDA 11/2016

Sexual Harassment Prevention Certification

State Finance Law §139-I requires bidders on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training (that meets the Department of Labor's model policy and training standards) to all its employees.

"By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies its own organization, under penalty of perjury, that the bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy shall, at a minimum, meet the requirements of section two hundred one-g of the labor law."

Contractor: _____

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Bids that do not contain the certification will not be considered for award; provided however, that if the bidder cannot make the certification, the bidder may provide a signed statement with their bid detailing the reasons why the certification cannot be made.

PROHIBITING CONTRACTS WITH ENTITIES THAT SUPPORT DISCRIMINATION

EO 177 Certification

The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment based on age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identity, disability, marital status, familial status, domestic violence victim status, prior arrest or conviction record, military status or predisposing genetic characteristics.

The Human Rights Law may also require reasonable accommodation for persons with disabilities and pregnancy-related conditions. A reasonable accommodation is an adjustment to a job or work environment that enables a person with a disability to perform the essential functions of a job in a reasonable manner. The Human Rights Law may also require reasonable accommodation in employment on the basis of Sabbath observance or religious practices.

Generally, the Human Rights Law applies to:

- all employers of four or more people, employment agencies, labor organizations and apprenticeship training programs in all instances of discrimination or harassment;
- employers with fewer than four employees in all cases involving sexual harassment; and,
- any employer of domestic workers in cases involving sexual harassment or harassment based on gender, race, religion or national origin.

In accordance with Executive Order No. 177, the Bidder hereby certifies that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law.

Executive Order No. 177 and this certification do not affect institutional policies or practices that are protected by existing law, including but not limited to the First Amendment of the United States Constitution, Article 1, Section 3 of the New York State Constitution, and Section 296(11) of the New York State Human Rights Law.

Contractor: _____

By: _____

Name: _____

Title: _____

Date: _____

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

SECTION 139-D. Statement of Non-Collusion in bids to the State:

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

[1] The prices of this bid have been arrived at independently, without collusion, consultation, communication, or agreement, for the purposes of restricting competition, as to any matter relating to such prices with any other Bidder or with any competitor,

[2] Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the Bidder prior to opening, directly or indirectly, to any other Bidder or to any competitor, and

[3] No attempt has been made or will be made by the Bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

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

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

Subscribed to under penalty of perjury under the laws of the State of New York, this ____ day of _____, 20____ as the act and deed of said corporation or partnership.

Exhibit 1: Non-Collusive Bidding Certification-3 Identifying Data

Potential Contractor:

Address:

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:

Applicant: _____

APPLICATION CHECKLIST of Required Documentation	INCLUDED?
For All Entities:	
Executive Summary	
General Information	
Accessibility Determination Form	
PROGRAM NARRATIVE (INCLUDES) <ul style="list-style-type: none"> Organizational Experience & Capacity Key Personnel Profile Program Description & Implementation 	
Agency Agreement	
Vendor Responsibility Questionnaire (Please complete the form at: http://www.osc.state.ny.us/vendrep/forms_vendor.htm).	
Encouraging Use of NYS Businesses in Contract Performance	
M/WBE Subcontractor Utilization Plan	
M/WBE Letter of Intent to Participate	
EEO Staffing Plan	
M/WBE/EEO Policy Statement	
M/WBE Subcontractor Request For Waiver Form	
M/WBE Goal Requirements Certification of Good Faith Efforts	
Attach Copy of: Certificate of Incorporation	
Offeror's Acknowledgment of Understanding of Post-Employment Provisions	
Offeror's Assurance of No Conflict of Interest or Detrimental Effect	
Sexual Harassment Prevention Certification	
Executive Order 177: Prohibiting Contracts with Entities That Support Discrimination	
Non-Collusive Bidding Form	
For Other Than Not-For-Profit Entities:	
Board of Directors Profile	
MacBride Fair Employment Principles	
Procurement Lobbying Act Offerer's Certification	
Disclosure of Prior Non-Responsibility Determinations	
Form ST-220-CA	

END OF APPLICATION