

# Appendix E

## New York State Appendix

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## **SECTION 1: INTRODUCTION**

This State Appendix section is set-up as a supplement to the Northeast Coalition of States (NCS) EBT Request for Proposals (RFP) and is designed to give more insight into New York processes.

Please note, section headings and numbering in the New York State Appendix are for the convenience of cross referencing the New York Appendix back to the NCS RFP. In the event of any discrepancies, the NCS RFP's headings and numbering takes precedence.

## **SECTION 2: OTDA MISSION**

The mission of New York State Office of Temporary and Disability Assistance (OTDA) is to help vulnerable New Yorkers meet their essential needs and advance economically by providing opportunities for stable employment, housing and nutrition.

## **SECTION 3: SNAP PROGRAM**

The Supplemental Nutrition Assistance Program (SNAP) issues electronic benefits that can be used to purchase food. SNAP helps low-income working people, senior citizens, the disabled and others feed their families. SNAP benefits are provided through an Electronic Benefit Transfer (EBT) card, similar to a bank debit card.

## **SECTION 4: DOCUMENT INCORPORATION**

The NY State Agreement consists of:

- a. The NY State cover contract for the Agreement, i.e. the document preceding the signatures of the parties in execution;
- b. New York State Appendix E and Attachments and Appendices thereto (except NYS Attachment 1-Appendix A)
- c. The RFP (including Exhibits, Appendices and Attachments thereto) and Questions and Answers; and
- d. The Contractor's Proposal.

In the event of any inconsistency in or conflict among the documents comprising the NYS Agreement, such inconsistency or conflict shall be resolved by giving precedence to the documents in the following order:

- Appendix E – NYS Attachment 1 – Appendix A Standard Clauses for NYS Contracts
- Amendments to the NY State Agreement;
- The New York State cover contract for the Agreement, i.e. the document preceding the signatures of the parties in execution;
- New York State Appendix E and Attachments and Appendices thereto (except NYS Attachment 1-Appendix A);
- The RFP (including Exhibits, Appendices and Attachments thereto) and Questions and Answers; and
- The Contractor's Proposal, including clarification correspondence.

The document most recent in time in each category above shall take precedence over any conflicting document included in such category.

Note: The terms and conditions applicable to security, privacy, and confidentiality are found in the body of the RFP and in Appendix N, N-1 and New York State Appendix E. The more stringent and comprehensive security, privacy or confidentiality standard set forth among such documents must be met by the Contractor. Any notifications or communications thereunder are to be made by the Contractor to the CSA impacted.

**SECTION 5: RFP SECTIONS**

**4.2 - Host and Transaction Processing, Communications Facilities, and Hot Backup**

**4.2.1.2.3 Bandwidth**

The Contractor must plan for and provide sufficient Network capacity on their backup and primary Network to accommodate the bandwidth needs, based on transaction volume levels, on-line database access, and proposed ad hoc reporting functionality, and should be flexible enough to grow in size dependent upon regional and national economic conditions as would effect the SNAP.

Batch file volumes are provided in the [Batch File Transmission Schedule](#).

**4.2.1.3 Transaction Processing**

The following benefit hierarchy tables detail the order in which transactions are to be applied to the state’s benefit records within the cash and SNAP EBT Accounts, respectively. The Contractor must allow New York State to add, change, or delete cash and SNAP programs, as needed, including their priority, at no additional cost to the state.

***New York Benefit Hierarchy (Cash)***

<b>Program</b>	<b>Mnemonic</b>	<b>Priority</b>
Periodic One-Time Cash Issuance (code was formerly FS cash conversion)	CASH-OTI	1
Home Energy Assistance Program	HEAP	2
Federal Charge Refugees	REFUGE	3
Day Care	DAY-CR	4
State Charge Family Assistance	SCTANF	5
SNAP Administration	ADM-FS	6
Medical Assistance Administration	ADM-MA	7
Emergency Assistance to Families	EAF	8
Family Assistance	FA	9
Medical Assistance	MA	10
Safety Net Federally Participating Funds	SN-FP	11
State Charge Safety Net MOE	SCSNMO	12
State Charge Safety Net	SC-SN	13
Safety Net MOE	SNMO	14
Safety Net Cash	SNCASH	15
Safety Net Non-Cash	SNNC	16

<b>Program</b>	<b>Mnemonic</b>	<b>Priority</b>
Emergency Assistance to Adults	EAA	17
Child Support Pass-Thru	CSD	18
Cash Benefit Undetermined	CSUNDE	19
Non-Reimbursable	NR	20

***New York Benefit Hierarchy (Food) SNAP***

<b>Program</b>	<b>Mnemonic</b>	<b>Priority</b>
SNAP/Public Assistance	FS/PA	1
SNAP/Non-Public Assistance	FS/NPA	2
Food Assistance Program	FAP	3
SNAP Benefit Undetermined	FSUNDE	4

**4.2.2.2 Card Authentication Value Validation**

New York State does not currently require the EBT System to determine whether the Card Authentication Value (CAV) is valid. If New York State requires CAV validation in the future, the EBT system must be able to accommodate this change.

**4.2.2.3 ATM Balance Inquiries**

The Contractor must provide ATM balance inquiries at no additional cost to the state's Cardholders.

**4.3.1 - Account Setup, Account Maintenance and Benefit Authorization**

Accounts are established and maintained in EBT through a series of "real-time" records sent to the vendor from the OTDA WMS and CBIC systems. These records are sent 24/7, 365 days per year. The SOAP protocol is used for these transmissions. (See record descriptions below.) In addition, records may be sent in emergency situations in batch mode (see *Emergency Batch* file).

A new account is established in the EBT System via the receipt of a D05-Add Client Card record and an AA05-Store Client Demographics and Address. The account is established only if the recipient (CIN or Applicant Number) named on the Demographic record is not currently known to EBT. If the recipient is already known then the records are considered updates. All further records are used for account maintenance. Note that D05 and AA05 records are also used for account maintenance.

In New York, Cardholders may change from a Temporary ID to a Permanent ID as part of normal Case maintenance. This process is commonly referred to as the "Temp to Perm" process and typically occurs when an applicant (temporary ID) becomes a recipient (permanent ID). In these circumstances, the State card system will send a record to the EBT Contractor directing the Contractor to transfer account balances for all programs from the applicant account to the recipient account. If the recipient account is already known and has a balance then the applicant balance will be added to the recipient balance. (See also Cards and PINs section.) A transaction is recorded in the Contractor's EBT system, and the account balance transfer is displayed on the Administrative System. A transaction is present in both the old and new accounts. The client's account history for the old (original) account is also accessible for viewing.

**NYS Outbound Records to EBT Vendor**

EBT Vendor Number = 05

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The OTDA sends two streams of related records to the EBT Contractor. The OTDA separately sends two simultaneous real-time exchanges of CBIC (Card-related) data 24/7 to the EBT Contractor. One line transmitting/exchanging data is dedicated to recipients processed by the New York City WMS database. The other line transmitting/exchanging data is dedicated to recipients processed by the "Upstate" WMS database. Currently, each of these lines uses web services with SOAP protocol allowing host-to-host communication across the Internet using the current Web infrastructure. This requirement must be supported by common protocols such as TCP/IP and software supporting open distributed transaction processing

D05—Add Card for Client, E05—Update Card for Client, F05—Delete Card for Client

Field	Length	Type Field	Field Composition/Comments
Function to be performed	04	Alpha/Numeric	
Return message (error) code	04	Alpha/Numeric	
Transmission Date and Time	16	Numeric	CCYYMMDDHHMMSSHD
Transmission sequence number	05	Numeric	Incremented by 1. After 99999, revert back to 1.
Filler	30	Alpha	
Client ID	10	Alpha/Numeric	CIN/Temp CIN/App Reg Line Number
Card Number	19	Numeric	The CBIC card number.
Void Date	08	Numeric	CCYYMMDD
Host ID	01	Numeric	"1" – NY Upstate "2" – NY City
Transfer PIN	01	Alpha	"Y" or "N"

Note: These are different records that possess the same record format.

G05- Delete All Cards for Client

Field	Length	Type Field	Field Composition/Comments
Function to be performed	04	Alpha/Numeric	
Return message (error) code	04	Alpha	
Transmission Date and Time	16	Numeric	CCYYMMDDHHMMSSHD
Transmission sequence number	05	Numeric	Incremented by 1. After 99999, revert back to 1.
Filler	30	Alpha	
Client ID	10	Alpha/Numeric	CIN/Temp CIN/App Reg Line Number

H05- Add Case, J05- Delete Case

Field	Length	Type Field	Field Composition/Comments
Function to be performed	04	Alpha/Numeric	
Return message (error) code	04	Alpha	
Transmission Date and Time	16	Numeric	CCYYMMDDHHMMSSHD

Field	Length	Type Field	Field Composition/Comments
Transmission sequence number	05	Numeric	Incremented by 1. After 99999, revert back to 1.
Filler	30	Alpha	
Client ID	10	Alpha/Numeric	CIN/Temp CIN/App Reg Line Number
Case Number	14	Alpha/Numeric	

K05- Delete All Client Id's for Case

Field	Length	Type Field	Field Composition/Comments
Function to be performed	04	Alpha/Numeric	
Return message (error) code	04	Alpha	
Transmission Date and Time	16	Numeric	CCYYMMDDHHMMSSHD
Transmission sequence number	05	Numeric	Incremented by 1. After 99999, revert back to 1.
Filler	30	Alpha	
Case Number	14	Alpha/Numeric	

M05- Transfer Temporary ID to Permanent ID

Field	Length	Type Field	Field Composition/Comments
Function to be performed	04	Alpha/Numeric	
Return message (error) code	04	Alpha	
Transmission Date and Time	16	Numeric	CCYYMMDDHHMMSSHD
Transmission sequence number	05	Numeric	Incremented by 1. After 99999, revert back to 1.
Filler	30	Alpha	
Client ID	10	Alpha/Numeric	CIN/Temp CIN/App Reg Line Number
Perm ID	10	Alpha/Numeric	Permanent CIN

AA05- Store Client Demographics and Address

Field	Length	Type Field	Field Composition/Comments
Function to be performed	04	Alpha/Numeric	
Return message (error) code	04	Alpha	
Transmission Date and Time	16	Numeric	CCYYMMDDHHMMSSHD
Transmission sequence number	05	Numeric	Incremented by 1. After 99999, revert back to 1.
Filler	30	Alpha	
Client ID	10	Alpha/Numeric	CIN/Temp CIN/App Reg Line Number
Name	28	Alpha	Last (17) First (10) MI (1)

Field	Length	Type Field	Field Composition/Comments
DOB	08	Numeric	CCYYMMDD
Sex	01	Alpha	M, F, U (Unborn), X, space
Mailing Address	89	Alpha/Numeric	C/O (28) Street (35) City (15) State (2) Zip (9)
Apartment	05	Alpha/Numeric	
Case Number	14	Alpha/Numeric	
Local Office	03	Alpha	
Telephone Number	10	Numeric	
Social Security Number	09	Numeric	
Restaurant Indicator	01	Alpha	
Mail PIN Indicator	01	Alpha	0- No action 1- Client 2 Auth Rep 3- Both
Authorized Representative Name	28	Alpha	Last (17) First (10) MI (1)

B05- Case Balance Request

Field	Length	Type Field	Field Composition/Comments
Function to be performed	04	Alpha	
Return message (error) code	04	Alpha	
Transmission Date and Time	16	Numeric	CCYYMMDDHHMMSSHD
Transmission sequence number	05	Numeric	Incremented by 1. After 99999, revert back to 1.
Filler	30	Alpha	
Case Number	14	Alpha	Case Number

C05- Benefit Update

Field	Length	Type Field	Field Composition/Comments
Function to be performed	04	Alpha/Numeric	
Return message (error) code	04	Alpha	
Transmission Date and Time	16	Numeric	CCYYMMDDHHMMSSHD
Transmission sequence number	05	Numeric	Incremented by 1. After 99999, revert back to 1.
Filler	30	Alpha	
Action Code	02	Numeric	1- Add 3-Pending Void 4-Cash Pull Recovery
Benefit Type	06	Alpha	
Credit/Debit Indicator	02	Alpha	CR/DB
Case Number	14	Alpha/Numeric	
Amount	08	Numeric	999999.99

Field	Length	Type Field	Field Composition/Comments
Available Date	08	Numeric	CCYYMMDD
Benefit Period Date	08	Numeric	CCYYMMDD
Unique Benefit Number	16	Alpha/Numeric	
Issuance Type	01	Alpha	NYC Only, Filler for UPS
Payment Type	02	Alpha	NYC Only, Filler for UPS
Center Number	03	Alpha	NYC Only, Filler for UPS

***NYS Inbound Records Received from EBT Vendor***

U05- Card Kill Request

Field	Length	Type Field	Field Composition/Comments
Function to be performed	04	Alpha/Numeric	
Return message (error) code	04	Alpha	
Transmission Date and Time	16	Numeric	CCYYMMDDHHMMSSHD
Transmission sequence number	05	Numeric	Incremented by 1. After 99999, revert back to 1.
Filler	30	Alpha	
Client ID	10	Alpha/Numeric	CIN/Temp CIN/App Reg Line Number
Card Number	19	Numeric	The CBIC card number.
Void Date	08	Alpha	CCYYMMDD

**Return Message Error Code List**

**Type field - 4 Alpha/Numeric**

**Return Message Error Code List**

- Transaction Successful
- Function Unknown
- Return Message Code Must Be Blank
- Transmission Date/Time Required or Invalid
- Transmission Sequence Number Required or Invalid
- CIN Required or Invalid
- PIN Offset Required or Invalid
- Card Number Required or Invalid
- Case Number Required or Invalid
- Name Required
- Local Office Required
- Card Code Required or Invalid
- Date of Birth Required or Invalid
- Sex Code Required or Invalid
- Referral Number Cannot Be Spaces or Zero
- Card Delivery Code Required or Invalid
- District Code Required or Invalid

## **Return Message Error Code List**

Void Date Required or Invalid  
Card Create Reason Required or Invalid  
Case RID Required or Invalid  
Benefit End Date Required or Invalid  
Next Sequence Number Cannot Be Spaces or Zero  
Card Auth Type Required or Invalid  
Temp CIN or App/Reg/Line Number Required or Invalid  
Card Produced Date Required or Invalid  
Card Produced Time Required or Invalid  
Transmission sequence error  
Add Request Failed—Record already exists  
Update Request Failed—Record Does not Exist  
Delete Request Failed—Record Does not Exist  
Transfer Request Rejected—Temp CIN Does not Exist  
CIN Does Not Exist  
Card Does Not Exist  
Case Does Not Exist  
PIN Does Not Exist  
Card Limit Exceeded  
Case Limit Exceeded  
Unexpected Hardware Error  
Unexpected Software Error  
Inquire Request Failed—Record Does not Exist  
Delete All Request Failed—Record Does not Exist  
Card Numbers Must Be Blank  
LU 6.2 Transmission Length Invalid  
LU 6.2 Transmission Line Invalid  
File Transfer Already In Progress, Try Again Later  
File Transfer Type Missing Or Invalid  
File Transfer ID Missing  
File Transfer Create Date/Time Missing  
File Transfer Record Count Missing Or Invalid  
File Transfer Sender ID Missing  
File Transfer Contact Name Missing  
File Transfer Contact Telephone Missing  
File Transfer Receive User ID Missing Or Invalid  
File Transfer Receive Distribution List Missing Or Invalid  
File Transfer Header Record Missing  
File Transfer Trailer Record Missing  
Card Cannot Be Attached To Two CINs  
CBIC System Is Unavailable  
Card State Invalid (Add Card)  
Invalid Current State (Delete Card)  
Client Already Payee On Case  
Case Exists With Different Payee  
No Active Cards on File for Client  
Serious System Failure  
Function Code has Invalid Vendor ID for Communication Line  
Transfer PIN Field Required or Invalid

### **Return Message Error Code List**

Mailing Address Field Required or Invalid  
Restaurant Indicator Field Required or Invalid  
RTC Indicator Field Required or Invalid  
Mail PIN Field Required or Invalid

#### **4.3.1.2 Use of Existing File Formats**

New York State is currently planning to consolidate statewide database and processing methodology for benefit issuance and reconciliation. Offerors should be aware that this may result in changes to the current interface as described in this section. Potential changes may include, but are not limited to, some or all of the following:

- Larger numbers of records in benefit files, and fewer files;
- Revisions to benefit posting schedules;
- Modifications to reporting;
- Consolidation of the daily activity files.

#### **4.3.1.4 Batch Processing**

The following is a description of benefit files currently in use. Every file sent and received by NYS for EBT consists of three parts, a header record, detail record(s), and a trailer record. NY anticipates transmitting these files using FTP.

### **New York State Outbound File Formats**

#### Benefit File Header Record

<b>Field</b>	<b>Length</b>	<b>Type Field</b>	<b>Field Composition/Comments</b>
Record Type	2	Alpha	"HD"

Field	Length	Type Field	Field Composition/Comments
Transaction Type	8	Alpha	NSCSBENU— NYC Cash Single Issues NSFSBENU— NYC Food Single Issues NSCRBENU— NYC Cash Recurring Benefits NSFRBENU— NYC Food Recurring Benefits NSCEBENU— NYC Emergency Cash NSFEBENU— NYC Emergency Food NSFTBENU— NYC RTC Benefits NYCSBENU— Upstate Cash Single Issues NYFSBENU— Upstate Food Single Issues NYCRBENU— Upstate Cash Recurring Benefits NYFRBENU— Upstate Food Recurring Benefits NYCEBENU— Upstate Emergency Cash NYFEBENU— Upstate Emergency Food
Date	8	Numeric	CCYYMMDD
Time	8	Numeric	HHMMSSSS
Control Number	6	Numeric	Incremented by 1
State ID	2	Alpha	"NY" for NYC; "NS" for Upstate
Filler	25	Alpha	
Profile Number	9	Numeric	
Filler	8	Alpha	
Response Code	4	Alpha	

Benefit File Detail Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"DT"
Action Code	2	Numeric	1- Add 3-Pending Void 4-Cash Pull Recovery
Benefit Type	6	Alpha	
Credit/Debit Indicator	2	Alpha	
Case Number	14	Alpha/Numeric	
Amount	7	Numeric	99999.99
Available Date	8	Numeric	CCYYMMDD

Field	Length	Type Field	Field Composition/Comments
Benefit Period Date	8	Numeric	CCYYMMDD
Unique Benefit Number	16	Alpha/Numeric	
Issuance Type	1	Alpha	NYC Only, Filler for UPS
Payment Type	2	Alpha	NYC Only, Filler for UPS
Center Number	3	Alpha	NYC Only, Filler for UPS
Filler	5	Alpha	
Response Code	4	Alpha	

Benefit File Trailer Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"TR"
Transaction Type	8	Alpha	Must match header
Date	8	Numeric	Must match header
Time	8	Numeric	Must match header
Credit Count	7	Numeric	
Debit Count	7	Numeric	
Credit Amount	11	Numeric	
Debit Amount	11	Numeric	
Total Detail Records	7	Numeric	
Filler	7	Alpha	
Response Code	4	Alpha	

Emergency Batch Header Record

In extraordinary circumstances, when the normal real-time process is unavailable for account set-up and maintenance, the state may send account set-up and maintenance information as an emergency batch file.

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"HD"
Transaction Type	8	Alpha	NSSNABTH = NYC; NYSNABTH = Upstate
Date	8	Numeric	CCYYMMDD
Time	8	Numeric	HHMMSSSS
Control Number	6	Numeric	Incremented by 1
State ID	2	Alpha	NY
Filler	257	Alpha	
Response Code	4	Alpha	

Emergency Batch Detail Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"DT"
Message	266	Alpha	
Filler	25	Alpha	

Emergency Batch Trailer Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"TR"
Transaction Type	8	Alpha	Must match header
Date	8	Numeric	Must match header
Time	8	Numeric	Must match header
Total Records	10	Numeric	
Filler	253	Alpha	
Response Code	4	Alpha	

**New York State Inbound File Formats**

Benefit File Response File Header Record

Same as (Outbound) Benefit File Header Record

Benefit File Response Detail Record

Same as (Outbound) Benefit File Detail Record

Benefit File Response Trailer Record

Same as (Outbound) Benefit File Trailer Record

Pending Deletes/Uncashable Header Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"HD"
Transaction Type	8	Alpha	"NSDELETE"—NYC "NYDELETE"—UPS
Date	8	Numeric	CCYYMMDD
Time	8	Numeric	HHMMSSSS
Control Number	6	Numeric	Incremented by 1

Field	Length	Type Field	Field Composition/Comments
State ID	2	Alpha	
Filler	42	Alpha	
Response Code	4	Alpha	

Pending Deletes/Uncashable Detail Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"DT"
Transaction type	2	Alpha	01–Uncashables - identifies unavailable benefits 02–Delete Uncashables- deletes after 30 days
Benefit Type	6	Alpha	
Credit/Debit Indicator	2	Alpha	
Case Number	14	Alpha/Numeric	
Amount	7	Numeric	99999.99
Available Date	8	Numeric	CCYYMMDD
Benefit Period Date	8	Numeric	CCYYMMDD
Benefit Number	16	Alpha/Numeric	
Issuance type	1	Alpha	NYC
Payment Type	2	Alpha	NYC
Center Number	3	Alpha	NYC
Filler	5	Alpha	
Response Code	4	Alpha	

Pending Deletes/Uncashable Trailer Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"TR"
Transaction Type	8	Alpha	Must match header
Date	8	Numeric	Must match header
Time	8	Numeric	Must match header
Credit Count	6	Numeric	
Debit Count	6	Numeric	
Credit Amount	10	Numeric	99999999.99
Debit Amount	10	Numeric	99999999.99
Total Detail Records	6	Numeric	
Filler	12	Alpha	

Field	Length	Type Field	Field Composition/Comments
Response Code	4	Alpha	

NYC Daily Activity Header Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"HD"
Transaction Type	8	Alpha	"NYACTDET"
Date	8	Numeric	CCYYMMDD
Time	8	Numeric	HHMMSSSS
Control Number	6	Numeric	Incremented by 1
State ID	2	Alpha	
Filler	105	Alpha	

NYC Daily Activity Detail Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"DT"
Transaction type	3	Alpha	
Credit/Debit Indicator	2	Alpha	
Tran Log Date	8	Numeric	Date on client receipt/ date logged to host
Tran Log Time	8	Numeric	
Originator Date	8	Numeric	Settlement date
Card Number	19	Numeric	
Completed Amount	8	Numeric	999999.99
Benefit Balance	8	Numeric	999999.99
Program Type	2	Numeric	
County Code	3	Alpha/Numeric	
Issuance Type	1	Alpha	
Payment Type	2	Alpha	
Case Number	14	Alpha/Numeric	
Benefit Number	20	Alpha	
Benefit Type	6	Alpha	
Benefit Available Date	8	Numeric	CCYYMMDD
Filler	17	Alpha	

NYC Daily Activity Trailer Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"TR"
Transaction Type	8	Alpha	Must match header
Date	8	Numeric	Must match header
Time	8	Numeric	Must match header
Total Detail Records	6	Numeric	
Filler	103	Alpha	

Upstate Daily Activity Header Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"HD"
Transaction Type	8	Alpha	"NYACTDET"
Date	8	Numeric	CCYYMMDD
Time	8	Numeric	HHMMSSSS
Control Number	6	Numeric	Incremented by 1
State ID	2	Alpha	
Filler	14	Alpha	
Sort Key	28	Alpha	Spaces
Filler	41	Alpha	

Upstate Daily Activity Detail Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"DT"
Transaction type	3	Alpha	
Originator Date	8	Numeric	Settlement date
Card Number	19	Numeric	
Completed Amount	8	Numeric	999999.99
Benefit Balance	8	Numeric	999999.99
Benefit Number	12	Alpha	
Tran Log Date	8	Numeric	Date on client receipt/ date logged to host
Tran Log Time	8	Numeric	
Case Number	14	Alpha/Numeric	
Credit/Debit Indicator	2	Alpha	
Benefit Available Date	8	Numeric	CCYYMMDD

Field	Length	Type Field	Field Composition/Comments
Benefit Type	6	Alpha	
Filler	9	Alpha	

Upstate Daily Activity Trailer Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"TR"
Transaction Type	8	Alpha	Must match header
Date	8	Numeric	Must match header
Time	8	Numeric	Must match header
Total Detail Records	10	Numeric	
Filler	12	Alpha	
Sort Key	28	Alpha	All 9's
Filler	39	Alpha	

State Fraud and Abuse Reporting System (SFARS) Header Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"HD"
Transaction Type	8	Alpha	"NYSFARFL"
Date	8	Numeric	CCYYMMDD
Time	8	Numeric	HHMMSSSS
Control Number	6	Numeric	Incremented by 1
State ID	2	Alpha	
Settlement Date	8	Numeric	
Filler	283	Alpha	

State Fraud and Abuse Reporting System (SFARS) Detail Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"DT"
FNS Number	7	Numeric	
Transaction Type	3	Numeric	
Debit/Credit Indicator	2	Alpha	
Reply Code	2	Numeric	
Reversal Date	8	Numeric	
Reversal Code	2	Numeric	

Field	Length	Type Field	Field Composition/Comments
Auth Number	6	Alpha	
Transaction Local Date	8	Numeric	
Transaction Local Time	8	Numeric	
Transaction Log Date	8	Numeric	
Transaction Log Time	8	Numeric	
Card Number	19	Alpha	
Card Entry Type	1	Alpha	
Primary/Alt Indicator	1	Alpha	
Requested Amount	8	Numeric	999999.99
Completed Amount	8	Numeric	999999.99
Account Balance	6	Numeric	999999.99
Terminal ID	10	Alpha/Numeric	
Trace Number	8	Alpha	
Program Type	2	Numeric	
Cash Back Amount	6	Numeric	9999.99
Merchant Name	15	Alpha	
Merchant Address	25	Alpha/Numeric	
Merchant City	25	Alpha	
Merchant State	2	Alpha	
Merchant Zip	9	Numeric	
County Code	3	Alpha	
Center Number	3	Alpha/Numeric	
Case Number	14	Alpha/Numeric	
Client Number	10	Alpha/Numeric	
SSN	9	Alpha	
EDA Number	12	Numeric	
Surcharge Indicator	1	Alpha	
Surcharge Amount	4	Numeric	99.99
ATM Fee Indicator	1	Alpha	
Cardholder Name	28	Alpha	
Cardholder DOB	8	Numeric	
Restaurant Indicator	1	Alpha	
Settlement Date	8	Numeric	
Case Number Count	1	Numeric	
Profile	9	Numeric	

State Fraud and Abuse Reporting System (SFARS) Trailer Record

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Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"TR"
Transaction Type	8	Alpha	Must match header
Date	8	Numeric	Must match header
Time	8	Numeric	Must match header
Total Detail Records	10	Numeric	
Total Debit \$ Amount	10	Numeric	99999999.99
Total Credit \$ Amount	10	Numeric	99999999.99
Filler	177	Alpha	
Response Code	4	Alpha	

State Law Enforcement Bureau (SLEB) Header Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"HD"
Transaction Type	8	Alpha	"NYSLEBFL"
Date	8	Numeric	CCYYMMDD
Time	8	Numeric	HHMMSSSS
Control Number	6	Numeric	Incremented by 1
State ID	2	Alpha	
Filler	263	Alpha	

State Law Enforcement Bureau (SLEB) Detail Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"DT"
FNS Number	7	Numeric	
Transaction Type	3	Numeric	
Auth Number	6	Alpha	
Debit/Credit Indicator	2	Alpha	
Reply Code	2	Numeric	
Reversal Date	8	Numeric	
Reversal Code	2	Alpha	
Transaction Local Time	8	Numeric	
Transaction Local Date	8	Numeric	
Transaction Log Date	8	Numeric	
Transaction Log Time	8	Numeric	
Card Number	19	Alpha	

Field	Length	Type Field	Field Composition/Comments
Card Entry Type	1	Alpha	
Requested Amount	8	Numeric	999999.99
Completed Amount	8	Numeric	999999.99
Account Balance	6	Numeric	999999.99
Terminal ID	10	Alpha	
Trace Number	8	Alpha	
Program Type	2	Numeric	
Merchant Name	15	Alpha	
Merchant Address	25	Alpha/Numeric	
Merchant City	25	Alpha	
Merchant State	2	Alpha	
Merchant Zip	9	Numeric	
County Code	3	Alpha	
Case Number	14	Alpha/Numeric	
Benefit Type	6	Alpha	
Cardholder Name	28	Alpha	
Client Number	10	Alpha	
Card Termination Date	8	Numeric	
Card Issuance Date	8	Numeric	
Recipient's Zip Code	9	Numeric	
Filler	7	Alpha	

State Law Enforcement Bureau (SLEB) Trailer Record

Field	Length	Type Field	Field Composition/Comments
Record Type	2	Alpha	"TR"
Transaction Type	8	Alpha	Must match header
Date	8	Numeric	Must match header
Time	8	Numeric	Must match header
Total Detail Records	10	Numeric	
Filler	261	Alpha	

Batch File Transmission Schedule

<b>Record</b>	<b>Sent From</b>	<b>Frequency</b>	<b>Time</b>	<b>Current Maximum Volume</b>
NSCSBENU- NYC Cash Single Issues	NYS	5 days a week	8:00 PM-10:00PM	30,000 records
NSFSBENU- NYC Food Single Issues	NYS	5 days a week	8:00 PM-10:00PM	5,000 records
NSCRBENU- NYC Cash Recurring Benefits	NYS	5 days a week	8:00PM-10:00PM	30,000 records
NSFRBENU- NYC Food Recurring Benefits	NYS	5 days a week	8:00PM-10:00PM	100,000 records
NSCEBENU- NYC Emergency Cash	NYS	5 days a week	1:00PM, 3:30 PM and 8:00PM	150 records
NSFEBENU- NYC Emergency Food	NYS	5 days a week	1:00PM, 3:30PM and 8:00PM	1,000 records
NSFTBENU- NYC RTC Benefits	NYS	Once a month	2 <sup>nd</sup> Monday of month	50 records
NYCSBENU- Upstate Cash Single Issues	NYS	5 days a week	8:00PM-10:00PM	15,000 records
NYFSBENU- Upstate Food Single Issues	NYS	7days a week	8:00PM-10:00PM	25,000 records
NYCRBENU- Upstate Cash Recurring Benefits	NYS	7 days a week	8:00PM-10:00PM	75,000 records
NYFRBENU- Upstate Food Recurring Benefit	NYS	7 days a week	8:00PM-10:00PM	350,000 records
NYCEBENU- Upstate Emergency Cash	NYS	7 days a week (twice daily)	5:00 PM	300 records
NYFEBENU- Upstate Emergency Food	NYS	5 days a week (twice daily)	5:00 PM	500 records
Benefit <u>File</u> Response Files	EBT Vendor	5 days a week	1 for each benefit file	Same as corresponding benefit file
NYC Pending Deletes/Uncashables	EBT Vendor	7 days a week	6:00AM-8:00AM	2,000 records
Upstate Pending Deletes/Uncashables	EBT Vendor	7 days a week	6:00AM-8:00AM	1,000 records
NYC Daily Account Activity File	EBT Vendor	7 days a week	6:00AM-8:00AM	1,000,000 records
Upstate Daily Account Activity File	EBT Vendor	7 days a week	6:00AM-8:00AM	500,000 records
SFARS Daily Account Activity File	EBT Vendor	7 days a week	6:00AM-12:00PM-	1,500,000 records
SLEB Activity File	EBT Vendor	7 days a week	6:00AM-12:00PM-	100 records

Record	Sent From	Frequency	Time	Current Maximum Volume
Message System Interface File	NYS	5 days a week	Various times	35,000 records

#### 4.3.1.6 Authorized Representatives and Authorized Payees

Each client may have one current Authorized Representative (AR). The AR is assigned a card number separate from the client but is able to access the client's account with such a card. The AR's PIN is separate from the client's PIN and should be carried forward to subsequent cards unless the AR's name has changed. The assignment of an AR should not affect the client's card or ability to access his/her account.

#### 4.3.1.8 Benefit Availability

File Type	Availability Date*
NSCSBENU- NYC Cash Single Issues	1 day after receipt of the file
NSFSBENU- NYC Food Single Issues	1 day after receipt of the file
NSCRBENU- NYC Cash Recurring Benefits	Staggered issuance
NSFRBENU- NYC Food Recurring Benefits	Staggered issuance
NSCEBENU- NYC Emergency Cash	Immediate
NSFEBENU- NYC Emergency Food	Immediate
NSFTBENU- NYC RTC Benefits	5 days after receipt of the file
NYCSBENU- Upstate Cash Single Issues	2 business days after receipt of the file
NYFSBENU- Upstate Food Single Issues	1 day after receipt of the file
NYCRBENU- Upstate Cash Recurring Benefits	Staggered issuance
NYFRBENU- Upstate Food Recurring Benefits	Staggered issuance
NYCEBENU- Upstate Emergency Cash	Immediate
NYFEBENU- Upstate Emergency Food	Immediate

\*All benefit records include an availability date, which is the date that the funds must be available to the recipient. Emergency benefits are available immediately. Single and recurring benefits have various availability dates which can be as much as two weeks after the benefit file has been received by the Contractor.

\*\*It is possible that future development may result in the production of benefits from a single source. If this occurs there may be fewer file types but the maximum file sizes will increase (See also "Use of Existing File Formats").

#### **4.3.1.10 Benefit Aging and Expungement/Dormant**

If a SNAP EBT Benefit Account goes unused (no debit transactions) for a period of 365 consecutive days, any benefit in that account which is 365 days old or older will be expunged. If a Cash EBT Account is unused (no debit transactions) for a period of 90 consecutive days, any cash benefit in the account that is 90 days old or older may be stored offline according to C.F.R §274.2(h).

SNAP Expungement processing must be consistent with core requirements described in *Section 4.3.1.10.1* of the RFP.

It is expected that the benefits made available by the prior contractor will be expunged by the new contractor based on these rules.

### **4.4 - Cards and PINs – Core Requirements**

#### **4.4.1. Cards and PINs**

##### **Introduction**

This section describes the mechanism that New York State will use to implement the card/PIN requirements of EBT.

##### **A. CARDS - Background**

In New York State, a card system exists for generating and activating cards for EBT usage. That card generation portion of that system is currently provided under a separate contract with Gemalto Cogent, Inc. which is scheduled to expire on May 12, 2020 which interfaces directly with State OTDA systems but does not directly interface with the EBT Contractor's system. That contract provides for the issuance of cards Over the Counter (OTC) as well as through the mail. OTC cards are issued within 45 minutes of client arrival at the issuance location. Mailed cards are required to be in the postal stream within two Business Days of the receipt of the card request record. This Section 4.4.1 of this New York State Appendix clearly defines the requirements of the State's card issuance system.

The OTDA card system is called the Common Benefit Identification Card (CBIC) system, and that system is responsible for requesting cards from the card Contractor and sending card records to the EBT system.

The CBIC system was developed in order to bring together the needs of the State's Medicaid system and its SNAP and cash issuance systems. The current CBIC card is used in the New York State Department of Health Medicaid system (EMEDNY), Health Benefit Exchange (HBE) programs and the OTDA EBT system. New York State issues approximately 9,000 CBIC cards each business day.

##### **B. CARDS - Overview**

New York's cards are compatible with ISO Financial Standards 7810, 7811, 7812, and 7813. The BIN number on each card is 600486.

The CBIC card is usable in two separate and unlinked systems; EMEDNY and EBT. The OTDA's approach to keeping card data in these systems accurate and in synch is to place State systems at the center, around which are three Contractors. These are the EBT Contractor, the EMEDNY contractor, and the CBIC card contractor. The State CBIC system maintains the database of record and communicates in real-time with each contractor in order to keep each database current. The EBT Contractor must agree to accept ID card update records as described below via a real-time process as described elsewhere in this section.

The following describes the roles of each of the parties in maintaining the card databases.

**State CBIC:**

- Assign permanent and temporary card numbers to all individuals needing cards.
- Pass permanent card request records to the card Contractor.
- Pass card activation/inactivation records to the EBT Contractor.
- Pass card-Case link/unlink records to the EBT Contractor.
- Pass card activation/inactivation records to the EMEDNY Contractor.
- Accept and process card inactivation records from the EBT Contractor. Accept and process card inactivation records from EMEDNY originating from that system.

**EBT Contractor:**

- Support a state-specific ID card database.
- Accept and post to that database card activation/inactivation records from the State CBIC system.
- Accept and process client-Case link/unlink records from the State CBIC system.
- Accept and process “temporary to permanent” records from the State CBIC system.
- Accept and process card inactivation records created by the EBT Contractor and return to the state card inactivation records.
- Generate and send to the state card system ID Card “first use” transactions.

**CBIC Contractor:**

- Accept card print records from the State CBIC system.
- Generate and issue cards.

**EMEDNY Contractor:**

- Accept and process card activation/inactivation records from the State CBIC system

**C. CARDS and EBT - Business Rules**

**a. Case and individual data**

The State CBIC system sends records to the EBT Contractor system, which establishes a relationship between an individual and the Case(s) on which he/she receives benefits.

- 1) Cards are issued to individuals. EBT benefits are issued to Cases. Since individuals come in and out of many Cases and can receive benefits on several Cases simultaneously, the card number does not contain the Case number.
- 2) A Case can be comprised of many individuals, all of whom may have a card
- 3) (because of the need to access Medicaid-EMEDNY or access Health Benefit Exchange [HBE] programs). Only one Case member (at any given time) will have a card activated for EBT access. That individual will be known as the payee for the Case. The OTDA will only transmit card data to the EBT Contractor for those individuals who are either “Payees” or “Authorized Representatives” for payees.

- 4) Cases are assigned Case Numbers by state systems. EBT benefits are all issued to Cases. (Each benefit record transmitted from the OTDA to the EBT Contractor will have a Case number on the record.)
- 5) When a new Case is created the OTDA-CBIC system will send the EBT Contractor a record linking the payee to the Case. If the payee is previously unknown to the EBT Contractor, then the Contractor will create an account for that payee. Any funds transmitted to the EBT Contractor for that Case will be posted to that payee's account.
- 6) When the payee for a Case changes, the state CBIC system will send a delete Case record for the current payee and an "add Case" record for the new payee. Any new benefits posted for that Case will be posted to the account of the new payee. Any unused existing benefits in the old payee's account will also be transferred to the new payee's account.
- 7) Individuals are assigned Client Identification Numbers (CINs) or Applicant Registration numbers (also known as Application-Registration Line Numbers) by State systems. Either CINs or Applicants can be issued cards.
- 8) When an applicant becomes a recipient, State CBIC-OTDA will send a record to the EBT Contractor directing the Contractor to shift account balances from the applicant account to the recipient account. If the recipient account is already known and has an existing balance, then the applicant balance will be added to the recipient balance. (See "*Temporary to Permanent*" processing described in the Account Set-up and Maintenance section above.)

#### **D. Individual card data**

The State CBIC system is responsible for keeping the database of record for cards. That system will update the EBT Contractor with all card data.

- a. An EBT Account can have only one "active" card at a time that can be used to access benefits, which can be either be a temporary/vault or permanent card. An exception to this rule is an Authorized Representative card that can also be active and in use at the same time.
- b. A void date may be associated with any card. Cards become invalid on the void date. Void dates may be in the future or maybe the current date.
- c. Cards will remain active on the Contractor's database until deleted by a transaction from the CBIC – OTDA system or the contractor's system initiates a card kill request.
- d. The Contractor will generate and send to the state ID Card "first use" transactions. Whenever a PERMANENT CBIC card is used in the EBT System for the first time, a record of that use will be sent back to the state CBIC system. Any transaction, including balance inquires, or any attempted transaction that is declined, using the card or card number will be considered a "use". The State CBIC system will then invalidate any temporary card or previous permanent active card in that recipient's possession and pass card invalidation records back to the EBT Contractor. All records will be sent real-time.
- e. Replacement CBICs that are issued as a result of client demographic changes (Name, Date of Birth or Gender) made in WMS/CBIC are considered to be in "mail pan" status and not "active" status. The current active permanent or vault card is not stasured as deleted upon the issuance of the "demographic changes" replacement card. This will also happen when cards are "system" ordered as a result of special issuance such as a lawsuit where benefits may be added to an older closed Case. In both situations, however, an E05 update card message is generated to update the void date of the previously issued active permanent

card to 90 days from the issuance of the newly issued mailed card request date. As noted, the new card will be in “mail pan” status and the old card is still active for the 90 days (maximum). However, once the new replacement card is used (including a balance inquiry), the previous permanent card is immediately statused as deleted and can no longer be used to access benefits.

- f. When an applicant becomes a recipient, State CBIC-OTDA will send a record to the EBT Contractor directing Contractor to shift card and PIN records from the applicant account to the recipient account. If the recipient is already known to EBT then all card, PIN, and balance will be moved to the existing client account.
- g. The first 19 digits (“Primary Account Number”) of each New York State card is composed of the BIN + 13 digits. The 13 digits for permanent CBICs are numeric and are generated by the State CBIC system. The 13 digits of vault cards are unique. New York State uses all the fields on the magnetic stripe as described in “Magnetic Stripe Track 2 Format,” in section 4.4 of this RFP.
- h. Each New York State card has the Quest mark printed on the back. Many cards have the client’s photo and electronic signature on the front. All cards have signature stripe(s) on the back. All permanent cards are customized with client data on the front. All Vault Cards are un-customized. On request, the OTDA will provide samples of the CBIC to Offerors.
- i. The Contractor will be responsible for purging deleted card records from its database on criteria established by New York State.

## **E. Records processing**

### **a. The OTDA CBIC process sends records to the EBT Contractor for the following purposes:**

- To add a card for a client
- To update a card for a client. (Modify the void date)
- To delete a card for a client
- To delete all cards for a client
- To add a Case for a client
- To delete a Case for a client
- To delete all client IDs for a Case
- To Transfer a temporary ID to Permanent ID (EBT transfers account balances from the clients temporary identifier to their permanent identifier. If the permanent identifier is already known, EBT adds the balance from the temporary account to the permanent account.)
- To add demographic data which includes:
  - Client name
  - Address and phone data
  - Authorized representative name to EBT
  - PIN request
  - Client date-of-birth and social security number

**b. The EBT Contractor process will send records to the OTDA for the following purposes, including but not limited to:**

- Send next sequence number. (Logically resets the next transmission sequence number)
- Card kill transaction.
- First use. When a permanent CBIC is used in a card swipe transaction for the first time in order to obtain either cash or SNAP benefits, an inbound record to the State will allow the State to inactivate any temporary card owned by the client.

**c. Record Transmission. The OTDA uses SOAP protocol for the transmission of data described above.**

SOAP (Simple Object Access Protocol) is a protocol that allows program-to-program communication across the Internet using the current Web infrastructure. SOAP is a type of remote procedure call (RPC) that works over HTTP and uses XML to encode requests and responses. The EBT Contractor must support this protocol.

**F. PINs - Background, Current Processing**

With the exception of a small minority of transactions, such as manual vouchers, all access to EBT benefits requires the use of the PIN in combination with the card. The EBT Contractor is responsible for carrying forward (and applying backward) existing PINs to new cards when recipients receive replacement cards.

As a general rule, PINs are not system generated and no PIN Mailer is sent unless the card issued is for a new client with no existing card on record and the client does not have a Social Security Number. PIN mailers are also sent to clients at the request of Local District workers.

PINS can be selected/changed via the (1) PIN select device in district with card present, (2) by using the ARU/IVR (Cardholder EBT helpline number) if client has card number, last four of SSN and Cardholder mailing address zip code, or (3) for change PIN only, the Client Portal/Mobile App.

**a. Currently, PINs are generated or selected in the following ways.**

1. PINs are generated and mailed to recipients by the EBT Contractor when a request for a PIN is received from the OTDA CBIC system on the Demographic record for a client who does not have a SSN. The generated PIN is automatically associated with any active client card. PIN mailers are also sent to clients at the request of district workers.
2. PINs can be selected by recipients after inserting the card in a Contractor supplied device located at locations (SSD sites) around the State. The devices connect to the EBT Contractor's database and transmit the encrypted PIN and associated card number. Using this mechanism PINs can be selected and stored for clients either known or not yet known to EBT. If the client is not yet known, the EBT Contractor stores the PIN in a pending area and applies it when CBIC sends associated client data to the EBT Contractor.
3. PINs can be selected by recipients over the phone via the EBT Helpline. The EBT Contractor provides an automated mechanism to allow a client to change their PIN.
4. PINs may be changed via the Contractor's Customer Service web portal or mobile app.

**b. PINs - Proposed processing in the EBT Reprocurement**

As in the current system, the vast majority of access to benefits via EBT will require the use of the PIN in combination with the card.

PINs will be generated or selected in the following ways.

1. PINs will be generated and mailed to recipients by the EBT Contractor when a request for a PIN is received from the OTDA CBIC system on the Demographic record. The EBT Contractor can expect to receive PIN mailer request records from Monday through Saturday for the life of the Contract. Each year the OTDA will provide the EBT Contractor with a list of State holidays (see below) on which PIN mailers will not be generated. Separate values in the PIN request field on the demographic record will instruct the EBT Contractor to generate and mail a random PIN to the client, authorized representative or to both. The generated PIN will be automatically associated with any active and/or mail pan cards in the clients or Authorized Representative possession. The detailed design of the text on the PIN mailer will be determined in the design phase of the project. At a minimum Contractor will support English and Spanish text on the PIN mailer document. Envelope data will be customized with recipient name, care of name (when appropriate), Authorized Representative name (when appropriate) and mailing address for either the client or Authorized Representative to be defined during the design phase of the project.
  - a. The following are defined as Legal State Holidays;
    - New Year's Day (January)
    - Martin Luther King's Birthday (January)
    - President's Day (February)
    - Memorial Day (May)
    - July 4<sup>th</sup> – Independence Day (July)
    - Labor Day (September)
    - Columbus Day (October)
    - Veteran's Day (November)
    - Thanksgiving Day (November)
    - Christmas Day (December)
2. PINs will be selected by recipients after swiping their cards in any of the Contractor supplied devices located at DSS sites. Each location must be supplied with a minimum of 2 devices. The devices will directly access the EBT Contractor's database and transmit the encrypted PIN and associated card number.

Using this mechanism PINs will be selected and stored for clients/cards either known or not yet known to EBT.

If the card is not yet known to the EBT Contractor, the Contractor will store the PIN and associated card in a pending area and apply the PIN to the client's record when CBIC sends the associated client data to the EBT contractor.

If the card is known to the EBT Contractor, the Contractor will store the PIN and immediately associate it with any other active and/or mail pan client cards.
3. PINs will be selected by recipients over the phone via an automated mechanism. That process will be available 24/7. That process will include identity verification using such items as:

SSN  
DOB  
Card number  
Zipcode

4. PINs may be changed via the Contractor's Customer Service web portal or mobile app.

**c. PIN Audit Trail**

The EBT Contractor must maintain, for the life of the Contract, a complete audit trail of all PIN selection and PIN assignment transactions for every individual having an EBT Account. Access to the audit trail will be by recipient identifier (CIN or Applicant number). Although the PIN itself is not to appear on the audit trail, at a minimum the following data must be retained.

Cardholder name

Cardholder CIN or Cardholder applicant number

Transfer of PINs from applicant to CIN

Card number used in the PIN selection transaction

Mechanism of PIN issuance. (Mailed, selected via a device, selected over the phone, or web portal)

Date and Time of the transaction

Phone number of the inbound caller if phone selected PIN

**4.5.14 Local District, Group Home, OTCs or Congregate Facility PIN Selection via Hardware Device**

The State of New York reserves the right to obtain from the Contractor analog and/or digital PIN select devices as requested by each individual site.

**5 - Administrative Functionality**

**5.1.5 Update Functionality**

- A. New York requires the Contractor to support the Administrative System Repayment Function for the purpose of processing voluntary repayment transactions debited from SNAP or Cash EBT Accounts. This function updates the EBT Account with the debited amount authorized by the Cardholder. DSS accounting staff will be individually trained on this functionality.
  
- B. New York requires the Contractor to support card issuance and card replacement function for issuing vault cards for normal and disaster purposes. This functionality will status the previous active card.
  
- C. New York requires the Contractor to support disaster account set-up for new and existing account holders. This includes the ability to add SNAP and Cash benefits and vault cards.

**5.1.11 Fraud Investigator Accounts**

New York requires the Contractor to support the authorizing of SNAP and Cash benefits using the account set-up and maintenance functions on the administrative system. State investigators who randomly investigate retailer and client fraud activity require access to the on-line functionality for authorizing SNAP benefits on EBT. Cards and PINs for these accounts will be centrally processed and provided by the State.

## **6 – Settlement and Reconciliation**

### **6.1 Settlement and Reconciliation Procedures – New York State**

#### **A. Draw Down Options and Cash Draw Processes**

Electronic Funds Transfer (EFT) is an integral part of the New York EBT system. Cash benefits distributed by merchants participating in the EBT program must be reimbursed through an electronic funds transfer initiated by the Contractor. The Contractor will credit the retailers' accounts and debit the Local District bank accounts.

EBT cash assistance benefits are available from participating merchants throughout New York State. Transactions are processed electronically through Point of Sale (POS) terminals at merchant locations and Automated Teller Machine (ATM) locations. Eligible clients access benefits using their Common Benefit Identification Card (CBIC) with a Personal Identification Number (PIN). The POS terminals receive authorization instructions from the EBT database. The EBT Contractor's database must be updated each business day through an electronic interface with the New York State Welfare Management System (WMS) and Benefit Issuance and Control Subsystem (BICS).

In most cases, the EBT Contractor will need to initiate a process of crediting local merchants and debiting County bank accounts for cash assistance benefits redeemed. Some Counties will be initiating their own electronic funds transfer (Fedwire, ACH). Each County office will be responsible for maintaining adequate funds in the bank account used for electronic funds transfers. The Counties should have funds in place by 11:00 a.m. ET each business day. The Contractor must have a process in place to accommodate a change in a bank account by any of the Counties.

The Contractor must draw from the Federal Letter of Credit and make payments to merchants for SNAP benefits.

Once each business day, the EBT Contractor must initiate an electronic funds transfer to the bank account that has been designated by the County (some Counties may initiate the electronic funds transfer). The amount of the draw must be equal to the total of cash transactions for the previous day, plus or minus any adjustments.

Accounts not adequately funded will be subject to the Emergency Reimbursement Plan. The Office of Temporary and Disability Assistance (OTDA) makes every reasonable effort to avert instituting the emergency procedure by contacting the County to attempt to resolve the issue.

#### **B. Emergency Reimbursement Plan Procedures**

To safeguard the program flow of reimbursement funds to issuance agents under the Electronic Benefit Transfer (EBT) system, the NYS OTDA will coordinate emergency procedures with the Office of the State Comptroller (OSC) to direct any local district funds, otherwise payable by the State to the local district including but not limited to advances, for welfare-related programs to a specific account established by the Contractor to receive such funds. The intent of these procedures is to maintain program integrity in the event that a local district experiences an unexpected short-term problem in funding its program obligations. In this situation, the Emergency Reimbursement Plan will provide a fail-safe to debit monies owed to EBT Issuers.

The OSC's approval and participation in the plan are based upon the understanding and belief that the number of emergency occurrences will be infrequent. Because of the extensive manual effort required of OSC, should the frequency of occurrences become excessive (as determined solely by OSC), OSC reserves the right to discontinue its participation in the plan upon 30 days written notice to both the Office of Temporary and Disability Assistance and the Contractor. Should this discontinuation occur, then OSC will continue to assist OTDA in expediting payments via the normal payment process.

The EBT Contract between the State and the Contractor will warrant that adequate funds will be available for Daily Settlement. The State's contractual obligations to the EBT Contractor under the Emergency Reimbursement Plan are a direct result of a local district's failure to adequately fund its program obligations and, therefore represent a County debt to the State.

The EBT Contractor will notify OTDA that it is unable to obtain reimbursement from a Local District. OTDA will notify the Local District of any shortfall and the Local District will be expected to fund the shortfall either that day or the next day. In the event that the Local District does not fund the shortfall, OTDA will notify OSC and request that OSC take immediate steps to intercept state aid payments due to that Local District in the amount of the draw down and remit the same to the EBT Contractor. OTDA sent letters to the local districts advising them of the EBT Emergency Reimbursement Plan and requested that an authorized county fiscal officer indicate their understanding of an agreement to such procedures by signing and returning the letter of agreement to OTDA. All local districts returned the signed letter and are subject to the emergency reimbursement procedure. In the event that funds are not made available through the Emergency Reimbursement Plan, the EBT Contractor may suspend benefit authorization until such time as the State transfers funds to the EBT Contractor to cover such unfunded settlements. Any interest charges incurred by the State from the EBT Contractor for insufficient funds will be passed on to the local districts that fails to make funds available.

**a. Timing of Funds Transfer**

The settlement day ends at the established cut-off time of no later than 6:00 PM ET The Contractor must prepare the daily settlement activity file containing all merchant transaction records and the dollar value needed to be deposited to the Contractor's settlement account. The Contractor must process and distribute the credits to the merchants' banks.

The settlement amount must be available to each respective County each morning via the Contractor's reporting and/or administrative system screens. This is the amount that will be debited through Fedwire or ACH process to each individual County's designated settlement account.

**b. Banking Day 1**

The Contractor must initiate settlement entries to each County for cash benefit transactions processed. The settlement entry must represent the net of all EBT activity for the County for that day. Each County must pre-fund settlement drawdowns according to the following schedule:

<u>Weekday</u>	<u>Settlement for Activity of</u>
Monday	Friday, Saturday, and Sunday
Tuesday	Monday
Wednesday	Tuesday
Thursday	Wednesday
Friday	Thursday

**c. Banking Day 2**

If the settlement debit against the County funding account is processed successfully, the transaction is complete. In the event that a debit fails (e.g. NSF, closed account, invalid account data, etc.) the Emergency Reimbursement Plan will be activated. The Contractor will notify the NYS OTDA and the NYS Department of Financial Services (DFS) via phone and fax by 9:00 a.m. ET. This notification process will initiate the following activities concurrently:

- The Contractor will automatically re-submit the debit for a second presentation in that day's file submission.

- DFS will contact the County Department of Social Services Finance Office via phone and fax.
- County Department of Social Services Finance Office will notify the County Comptroller.
- The NYS OTDA/DFS will initiate the emergency voucher process that will allow a payment normally sent to the County to be settled by OSC to a Contractor designated account. The Contractor must provide OTDA/DFS with the following data:

Dollar Amount

Settlement Date

Date of Presentation

Name of County (and District Code)

Reason for Return

As soon as possible, OTDA/DFS will advise OSC Bureau of State Expenditures (BSE) by telephone that an emergency reimbursement transaction may need to be processed and settled to the Contractor. OTDA/DFS will provide OSC/BSE with the following information:

Batch Number

Voucher Number

Payment Amount (see note)

Fund Source

County or Counties

OTDA/DFS will suspend the voucher into the State's central accounting system and have the voucher, along with a copy of the fax notification, delivered to OSC/BSE by noon of this day.

Upon receipt of the voucher, OSC/BSE will audit the transaction and immediately notify OSC Division of the Investment and Cash Management (ICM) that an emergency transaction may need to be processed.

OSC/ICM will immediately advise OSC/BSE if there is any cash problem that might affect the completion of the proposed transaction. In the event that OTDA does not have a County reimbursement claim or voucher pending, then OSC/BSE will be notified of the County deficiency that will be "offset" against any other state aid payment to the County.

NOTE: OSC will process a single payment representing the cumulative deficiencies for all counties in a given banking day.

**d. Banking Day 3**

On day 3 the debit advice for day 1 is again made available to the County's bank. If the transaction is successfully processed, the Contractor will notify OTDA by 9:00 a.m. ET. via phone and fax of the successful transaction. OSC/BSE will be notified by OTDA/DFS by 10:00 a.m. ET that the emergency reimbursement plan is canceled. If the Contractor receives a second rejection, the Contractor will notify OTDA/DFS by 9:00 a.m. ET by phone and fax.

OTDA/DFS will notify OSC/BSE that the Contractor has confirmed a second rejection and that the emergency transaction must be settled to the Contractor designated account.

NOTE: In order for OSC/BSE to complete the process, OTDA/DFS must advise OSC/BSE by 10:00 a.m. ET on the day the settlement is to be processed. Any notification after this time may result in the settlement being completed on the next banking day.

The original settlement amount will be posted to the Contractor's designated account.

## **8 - WIC EBT Requirements**

See Appendix E 3 – NYS WIC Appendix

### **9.1.1.7 EBT Retailer Policies**

New York's wireless EBT program currently provides New York State farmers' markets with lightweight, handheld wireless POS terminals enabling them to participate in the State's SNAP program. The EBT transactions transfer the amount of the sale from the customer's individual SNAP Account established by New York State directly to the farmer's bank account in the same manner as electronic POS terminals. Wireless POS terminals are in use in some farmer's market locations in the Upstate regions and in various boroughs within the New York City region. This background description of our current process is informational only and is not meant to be prescriptive.

### **9.1.2 – Retailer Management – Optional Requirements**

#### **9.1.2.2 - Funds Transfer Support for Certain Facilities**

New York State currently supports a Direct Deposit process for Residential Treatment Centers (RTCs), although Direct Deposit services are not otherwise available to EBT recipients. Approximate amounts between \$200,000 - \$600,000 are transferred each month to these RTCs. NY will continue to support this functionality in the context of the Contractor's regular Direct Deposit processing offer, regardless of whether or not Direct Deposit services are purchased to be made available to the entire population of EBT recipients.

The steps outlined in this section provide a background description of our current mechanism for delivering SNAP only benefits to RTCs on behalf of their residents. (Note: RTC residents are allowed their own individual EBT Cash Accounts for TANF benefits, which are not impacted by RTC Direct Deposit processing.)

The current process involves creating a pseudo Case number and an ordinary EBT Account for each RTC. Benefits are posted to these accounts on a predetermined schedule (currently the 2<sup>nd</sup> Tuesday of each month), one week later payment to each RTC bank account is initiated. Movement of funds is via an electronic payment transaction, drawing funds using the normal USDA funding mechanism. Each participating RTC is on record with USDA as an authorized retailer.

The Contractor's Direct Deposit functionality must be able to support these RTC EBT Accounts in the same way as all other EBT Accounts that are enrolled for Direct Deposit processing without the need for extra accommodation. This background description of our current process is informational only and is not meant to be prescriptive.

#### **1. Create an EBT Account for an RTC.**

The OTDA CBIC system sends the EBT Contractor a single pseudo card, Case and demographic record (D05, H05 and AA05) as described in section 4.3.1 of this appendix for each RTC. The EBT Contractor creates an ordinary EBT Account, links the pseudo Case number to the account and links the pseudo card to the account as appropriate.

Since NY does not currently support Direct Deposit for the general population of individual EBT recipients, OTDA then sends a "delete card" record (F05) to EBT in order to ensure that the EBT Account balance cannot be retrieved via a card-based transaction.

#### **2. Create a Direct Deposit account via the EBT Administrative Terminal**

Designated Contractor staff accesses the EBT Contractor's administrative system and enrolls (or makes changes to enrollment information for) the RTC (using Case number as the key) in the Contractor's direct deposit system. Enrollment data include:

Case Number, RTC Name, RTC address, ACH Account Number, ACH Account Type, Check Only indicator, ACH Bank Number, AP Status, ACH Consolidated, and ACH Consolidated ID.

3. State eligibility systems consolidate SNAP benefit authorization data for individual recipients who reside in the RTCs and transmit separate RTC benefit authorization files to the EBT Contractor as described in this appendix. (See NYC RTC Benefits in the Transaction type “NSFTBENU” in the Benefit Header Record field descriptions.) All processing and reporting of RTC participation at the individual recipient level are handled by state systems outside EBT.
4. The EBT Contractor, upon receipt of the RTC benefit authorization file, posts the benefits to the RTC EBT Accounts created in step “1” above.
5. The EBT Contractor processes the RTC benefits via ACH by moving them from the EBT Account created in step “1” above to its internal direct deposit process as guided by data entered in step “2” above.
6. Since RTC benefits are SNAP benefits, they are settled to the federal Letter of Credit.

Activities described in item 2 in the list above constitute the Direct Deposit maintenance processing currently supported in New York State.

## **9.2 Cardholder and Retailer Customer Service – Core Requirements**

New York State requires the Customer Service call center must provide personalized IVR/ARU automated responses in English, Spanish, Bengali, Italian, Haitian-Creole, Korean, Russian, Arabic, and traditional Chinese. Additional languages may be added, or current languages may be removed, during the life of the contract and any extensions based on populations served and federal requirements.

### **9.2.2 Interactive Voice Response Unit (IVR)/Automated Response Unit (ARU)**

New York State requires the Contractor to employ the use of an Interactive Voice Response Unit (IVR)/Automated Voice Response Unit (ARU). However, if the IVR/ARU is not functioning, Customer Service Representatives (CSR) must be available to provide assistance for callers experiencing difficulty. New York State requires that CSR, or CSR with interpreter services, must be provided to anyone in any language necessary to assist callers with Limited English Proficiency (LEP), as defined in Executive Order No. 26, dated October 6, 2011.

### **9.2.3 Cardholder and Retailer Web Portal Access**

New York State requires that both English and Spanish be supported by the Client Portal. Additional languages may be added, or current languages may be removed, during the life of the Contract and any extensions based on populations served and Federal and State requirements.

### **9.2.4 Mobile Application Devices (Mobile Apps)**

New York State requires that both English and Spanish, and other languages as specified in State Appendices, be supported by any Contractor mobile app. Additional languages may be added, or current languages may be removed, during the life of the Contract and any Contract extensions based upon populations served and Federal and State requirements.

### **9.2.7 Cardholder Customer Service**

New York requires the Contractor to support interpreter services in any languages to assist Cardholders with Limited English Proficiency (LEP) when providing services via the EBT Helpline.

#### **9.2.7.1 Speech Interactive Voice Response (SIVR)**

The NCS requires that both English and Spanish be supported and provided by the CSR SIVR. Additional languages may be added, or current languages may be removed, during the life of the

Contract and any Contract extensions based upon populations served and federal and State requirements.

**9.2.7.2 Reporting Lost/Stolen/Damaged/Non-Receipt and Unauthorized Use of a Card**

The IVR/ARU must verify the Cardholder’s additional security password (if applicable), social security number, date of birth, and PIN before disabling the card and providing the caller information about card replacement procedures. A Customer Service call center representative must verify the Cardholder’s additional security password (if applicable), social security number (if available), and full name before disabling the card and providing the caller information about card replacement procedures.

**9.2.7.3 ARU PIN Selection Change**

New York Cardholders require PIN selection/change functionality from an automated process via the ARU. Callers must have positive identification established prior to selecting or changing their PIN. State-provided data items for positive identification will be defined during detail design with the Contractor.

**9.3.1 Cardholder and Retailer Customer Service Interpreter Options**

New York State requires that interpreter services must be provided in any languages needed to assist Cardholders with Limited English Proficiency (LEP).

**9.5.1 New York City Message System**

**New York City Messaging Process**

New York City maintains an interface to post up to 20 predefined messages with some variables to the client’s account and to be read via the Customer Service ARU system. Also, one line of freeform text is processed for a case worker/client personalized message.

Once a message from NYC is sent to the Contractor, a flag will be set for that Cardholder. Once the flag is set, a host message containing the phone number will be sent to the EBT-only terminal that processed the Cardholder transaction. A toll-free telephone number is formatted for printing in the message transmitted to the POS terminal and printed on the receipt containing the transaction information data. The POS terminal should process as follows.

Transactions are accepted/rejected. If the transaction is returned from the Contractor host a message should be printed on the POS receipt. For example, the message should say, “Call The NYC Message Center For Your Messages at <the toll-free number>.” The toll-free number will be defined during detail design. Messages must also be made available to access from the Customer Service Representative toll-free number and the Cardholder account web site.

**Messaging Host Posting Interface Requirement**

**EBT Message Record Layout**

HEADER

Element	Length	Type	Comment
Record type	2	X	“HD”
Transaction	8	X	“NYMESSAGE” CITY
Date	8	X	CCYYMMDD
Time	8	X	
Control Number	6	9	Incremented by 1 each time sent
Filler	268	X	

**Header errors**

- \*\* HD01 Invalid record type.
- \*\* HD02 Invalid transaction type.
- \* HD03 Invalid date.
- \* HD04 Invalid time.
- \* HD05 Invalid control number.
- \* HD06 Duplicate file.
- \* HD07 File out of sequence.

**DETAIL RECORD**

Field Name	Position	Description
Transaction Type	1	Always equal to "3"
Case Number	2-8	
Case Suffix	9	
Message 1 Indicator	10	Re-certification appointment
Message 2 Indicator	11	Employment Interview
Message 3 Indicator	12	Child Support court appearance
Message 4 Indicator	13	Direct Rent
Message 5 Indicator	14	Case Closing
Message 6 Indicator	15	Worker Message
PA Recert Date	16-19	MMYY
Filler	20-23	
NPA Recert Date	24-27	MMDD
NPA Recert Time	28-31	HHMM
OES Appt. Date	32-35	MMDD
OCSE Appt. Date	36-39	MMDD
Filler	40-68	
Direct Rent Amount	69-73	999v99
Worker Message	74-212	
NPA Manual Recert	213-214	MM
Message 9 Indicator	215	McCain Vs Dinkins Penalty Issuance
Message 10 Indicator	216	Worker Phone Number
Message 11 Indicator	217	Finger Imaging Appointment
Message 12 Indicator	218	New Center Phone Number
Message 13 Indicator	219	Case Transfer
Message 14 Indicator	220	Utilities Turnoff
Message 15 Indicator	221	
Message 16 Indicator	222	
Message 17 Indicator	223	
Message 18 Indicator	224	
Message 19 Indicator	225	
Message 20 Indicator	226	
Worker Phone number	227-236	NNNNNNNNNN

Field Name	Position	Description
Center Transferred to	237-239	XXX
Finger Imaging Appt. Date	240-243	MMDD
Finger Imag Appt. Center	244-246	XXX
Finger Imag Appt. Time	247-250	HHMM
Change of Phone # Center	XXX	
Phone # Changed to	254-263	XXXXXXXXXX
Filler	264-300	

TRAILER

Element	Length	Type	Comment
Record type	2	X	"TR"
Transaction	8	X	Same as header
Date	8	X	Same as header
Time	8	X	Same as header
Total Records	10	9	Detail record count
Filler	264	X	

**Trailer errors**

- TR01 Missing trailer record.
- TR02 Mismatch on the transaction type.
- TR03 Mismatch on header date.
- TR04 Mismatch on header time.
- TR05 Mismatch on total detail records.

**Rules for Message Posting**

No edits will be performed on the detail record itself. The file is delivered by NYC and with a "no change" requirement.

Edits will apply to the file itself.

Dates do not have a century in them. The processing must be Y2K compliant and place the system century and year.

BYTE LOCATION AND VALUE FOR EACH EBT MESSAGE INDICATOR AND THE BYTE LOCATION OF THE VARIABLE TEXT ASSOCIATED WITH THAT MESSAGE.

Each message is listed by number and content. To the right are the value and the byte location for that particular message on the EBT Message Record. Underneath the message will be listed any variable text for that message and byte location of that text on EBT Message record.

Message	EBT Message Record Value	Position
PA Recert Recert Date (MM\YY)	1	10 16-19
Employment Interview Appointment Date (MM\DD)	2	11 32-35

Message	EBT Message Record Value	Position
Family Court Appointment Appointment Date (MM\DD)	3	11 36-39
Direct Rent Dollar Amount (\$\$\$\CC)	4	13 74-212
Case Closing	5	14
Worker Message Worker Message Text	6	15 74-212
Automated FS Recert Recert Date (MM\DD) Recert Time (HHMM)	7	10 24-27 28-31
Manual FS Recert Recert Month (MM)	8	10 213-214
McCain Vs Dinkins Lawsuit	X	215
Clients Workers Phone # Actual Phone #	X	216 227-236
Finger Imaging Appointment Appointment Date (MM\DD) Appointment Center # Appointment Time (HHMM)	X	217 240-243 244-246 247-250
Center Phone Number Change Center Number New Phone Number	X	218 251-253 254-263
Case Transfer Center Transferred To	X	219 237-239
14. Utility Turnoff	X	220
15-20. Future Messages Future Variable Text		221-226 264-300

NYC Message System Reporting –Message Detail Summary Report

Name	Description
Records Read Deleted	The number of messages which were read and then deleted.
Records Not Read Deleted	The number of messages which were not read before they were deleted.

NYC Message System Reporting –Message Process Summary Report

Name	Description
Records Read	The number of records read.
Records Accepted	The number of records accepted.
Records Updated	The number of records updated to existing Cases/messages.
Records Rejected	The number of records rejected for Cases closed or not found.

Name	Description
Net Record Count	The number of records accepted as new messages to known Cases.

## 10 - Cash Access Services

### Adequate Cash Access

The Contractor must provide *adequate* cash access for Cardholders through ATMs and Retailers providing commercial cash services. Adequate cash access is defined as sufficient cash availability within a zip code to accommodate for the first \$5,000 of daily cash benefits issued to Cardholders residing in the same zip code. The Contractor must provide three (3) bank or independently owned ATM locations in the same zip code or within the borders of an adjacent zip code. For each \$5,000 over the first \$5,000 the Contractor must provide one (1) additional bank or independently owned ATM location. If no ATM location exists within the zip code then the Contractor must provide adequate cash access utilizing POS or POB cash withdrawal locations.

The amount of *minimum* adequate cash access allowable is sufficient cash availability within a zip code to accommodate for the first \$5,000 of daily cash benefits issued to Cardholders residing in the same zip code. The Contractor must provide one (1) bank or independently owned ATM location. If no ATM location exists within the zip code then the contractor must provide cash access utilizing POS or POB cash withdrawal locations.

The Contractor must maintain a database of ATMs, POS, and POB terminals including location name and address that provide cash access services to EBT Cardholders.

Please note, Appendix E 1 NYS Zip Code Details Cash Issuance contains reporting that will be required by the Contractor subsequent to award.

## 11 – Project Planning and Phases

### 11.5.1.4 Transaction History Conversion

New York State requires the Contractor to convert the existing on-line history currently supported.

## **SECTION 6: MINORITY & WOMAN-OWNED BUSINESS ENTERPRISE (MWBE) PARTICIPATION REQUIREMENTS FOR ALL NYS OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE CONTRACTS**

### **Contractor Requirements And Procedures For Participation By New York State-Certified Minority And Women-Owned Business Enterprises And Equal Employment Opportunity For Minority Group Members And Women And Workforce Utilization Reporting New York State Law And New York State Executive Order**

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. Executive Order No. 162 requires OTDA to monitor and submit Workforce Utilization Reports associated with Contractors performing work in New York State.

### **Business Participation Opportunities for MWBEs**

For purposes of this RFP, OTDA hereby establishes an overall goal of 30% for MWBE participation, 15% for New York State-certified Minority-owned Business Enterprise (“MBE”) participation and 15% 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 RFP, the respondent agrees that OTDA may withhold payment pursuant to any contract awarded as a result of this RFP 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," refers 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 RFP, 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:

- A. 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 thirty (30) calendar days of receipt.

- B. 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: a) If a respondent fails to submit an MWBE Utilization Plan; b) If a respondent fails to submit a

written remedy to a notice of deficiency; c) If a respondent fails to submit a request for waiver; or d) 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 Report to OTDA, by the 7th day following each end of quarter over the Term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

### **Equal Employment Opportunity and Workforce Utilization Reporting Requirements**

By submission of a bid or proposal in response to this RFP, 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, the respondent shall submit form OTDA-4971 Workforce Utilization Report 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. The Workforce Utilization Report will include demographic information and the job title and aggregate salary information of employees by race and sex that perform work under each Occupation Classification in accordance with Executive Order 162 guidelines and reporting instructions.

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 subcontractors 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.**

## **SECTION 7: SERVICE-DISABLED VETERAN-OWNED BUSINESS ENTERPRISES (SDVOB) IN STATE CONTRACTING**

- A. OTDA is in full accord with the aims and efforts of the State of New York to promote Service-Disabled Veteran-Owned Businesses (SDVOBs), as enacted in 2014 by Article 17-B of the Executive Law. This Law acknowledges that Service-Disabled Veteran Owned Businesses (SDVOBs) strongly contribute to the economies of the State and the nation. As defenders of our nation and in recognition of their economic activity in doing business in New York State, Offerors to this RFP are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the resulting contract. Such partnering may be as Subcontractors, suppliers, protégés or other supporting roles. SDVOBs can be readily identified on the directory of certified businesses at: <https://online.ogs.ny.gov/SDVOB/search>
- B. Offerors are strongly encouraged, to the maximum extent practicable and consistent with legal requirements of the State Finance Law, the Executive Law and any implementing regulations, to use responsible and responsive NYS certified SDVOBs in purchasing and utilizing commodities, services, and technology that are of equal quality and functionality to those that may be obtained from non-SDVOBs. Prospective awardees to this RFP are subject to the provisions of Executive Law Article 17-B and the regulations (9 NYCRR Part 252) issued thereunder. Offerors are reminded that they must continue to utilize small, and minority and women-owned businesses (MWBs), consistent with current State law (Executive Law Article 15-A).
- C. Offerors will complete, APPENDIX Y, (Form SDVOB-100 which is set forth in Attachment 3), Service-Disabled Veteran-Owned Businesses (SDVOBs) Utilization Plan, to demonstrate their proposed utilization of NYS certified SDVOBs as part of their bid/proposal. OTDA has set a goal for SDVOB utilization for this procurement at 6%.
- D. The successful Offeror/Proposer will report on the actual participation by each SDVOB during the Term of the Contract to OTDA on a quarterly basis according to policies and procedures to be set by OTDA.
- E. **NOTE:** Information about SDVOB certification and set-asides for SDVOB participation in public procurement can be found at <http://www.ogs.ny.gov/Core/SDVOBA.asp>, which provides certification information and guidance for State agencies in making determinations and administering set-asides for procurements from SDVOBs.

## **SECTION 8: CONTRACT PAYMENT**

### **Electronic Payments:**

All contractors are required to participate in the Electronic Payment program offered by the NYS Office of the State Comptroller (OSC). Payment for invoices submitted by contractors will only be rendered electronically. Electronic payments will be made in accordance with ordinary State procedures and practices. Contractors shall comply with the State Comptroller's procedures to authorize electronic payments. For additional information and to apply for Electronic Payments, the Contractor is directed to the following web site: <http://www.osc.state.ny.us/epay/index.htm>.

The Contractor shall also comply with the State Comptroller's requirement to file a Substitute Form W-9. The form and the instructions for completing the W-9 can be found at OSC's website: <http://www.osc.state.ny.us/epay>.

All correspondence relating to the OSC Electronic Payments program should be directed to:

**NYS Office of the State Comptroller  
Bureau of Accounting Operations**

**Warrant & Payment Control Unit  
110 State Street – 9<sup>th</sup> Floor**

**Albany, NY 12236**

**Telephone: (518) 402-4067**

**E-Mail: [epunit@osc.state.ny.us](mailto:epunit@osc.state.ny.us)**

Contractor shall submit to the OTDA one properly completed monthly invoice together with required supporting documentation, in a format satisfactory to the OTDA. Payments to the Contractor shall be based on the prices and/or rates set forth in APPENDIX P attached hereto. Monthly invoicing will be submitted to the OTDA in arrears by the Contractor on a Standard New York State voucher in a form acceptable to the OTDA and the Comptroller of the State of New York and must be accompanied by supporting documentation. The OTDA will make diligent efforts to process all vouchers within thirty (30) calendar days of their receipt; however, without limiting Contractor's other remedies available under this Agreement or otherwise by law, failure to make payment within said timeframes shall not be considered a breach of contract for purposes of permitting Contractor to cease or suspend its performance of this Agreement. Timeliness of payment and any interest to be paid to the Contractor for late payment shall be governed by Article XI-A of the State Finance Law to the extent required by Law.

NYS Office of Temporary and Disability Assistance

c/o OGS BSC Accounts Payable

Building #5, 5<sup>th</sup> Floor

1220 Washington Ave

Albany, New York 12226-1900

NOTE: The e-mailing of invoices, along with all backup documentation will help expedite the payment process. Email invoices to: [Accountspayable@ogs.ny.gov](mailto:Accountspayable@ogs.ny.gov) . (Do not send a paper copy to the BSC in addition to your emailed voucher)

**REFERENCE CONTRACT #: Contract Number**, the current **PO Number** assigned to the Contract, and **Unit ID TDA01** on all invoices and correspondence.

**THE FOLLOWING INFORMATION MUST BE INCLUDED ON ALL INVOICES. FAILURE TO DO SO MAY RESULT IN DELAY OF PAYMENT AND/OR NON PAYMENT OF INVOICE UNTIL SUCH INFORMATION IS PROVIDED:**

- **PURCHASE ORDER NUMBER AND CONTRACT NUMBER**
- **YOUR VENDOR IDENTIFICATION NUMBER**
- **Unity ID# TDA01**
- **CONTRACTOR NAME & ADDRESS**
- **CONTACT PERSON NAME with PHONE NUMBER**
- **FAX NUMBER (if applicable)**
- **E-MAIL ADDRESS (if applicable)**
- **The period of service for which the claim is made or reference to deliverable completed.**

Vouchers that do not comply with the above guidelines will be rejected and returned to the vendor for corrections. The Contractor will not be owed interest for any invoice rejected by OTDA due to errors or omissions.

Please do not include contractually required supporting documentation with the voucher submitted to the BSC, please see note below for submission instructions.

Important Note about Submission of Contractually Required Supporting Documentation for Payment: In order for OTDA to provide the BSC with approval to process a voucher payment, you will still need to send your OTDA Program Manager a copy of the voucher you sent to the BSC and all contractually required supporting documentation. Lack of submission of any contractually required supporting documentation will “stop the clock” in determining the allowed thirty (30) day period for voucher payment.

The Contractor will submit a copy of the invoices and the supporting documents required by OTDA to the following address:

NYS Office of Temporary and Disability Assistance  
EBT Bureau Chief  
Employment and Income Support Programs  
40 North Pearl Street, 11B  
Albany, New York 12243

Payments to Contractor will be due thirty (30) days thereafter and shall be made in accordance with usual State practices. However, no payments shall be due prior to the date upon which this Agreement was approved by the New York State Office of the State Comptroller. Additionally, the OTDA may at its discretion, withhold any payment due under this Agreement until such time as the Contractor has submitted to OTDA all Deliverables, including reports, which are due prior to invoice submission. When applicable, this includes submission of Consultant Disclosure Form B and MWBE Contractors Compliance Reports, all of which shall be considered required deliverables of this Agreement.

**In order for payments to be processed under the terms of the contract, all reporting must be submitted on time and in accordance with the requirements of Appendix Z.**

**Any outstanding MWBE and SDVOB Contractor’s Compliance Reports, if applicable, will be due when submitting the invoice for the final month of services rendered under the contract.**

**Form B must be received by the OTDA by the defined due date of April 30th. For contracts that end prior to March 31 of any calendar year, the Form B will be due when submitting the invoice for the final month of services rendered under the contract.**

Invoices:

Payment of invoices may be withheld if reports or forms are not submitted as required. The invoice will not be considered complete unless reports or forms are submitted in a timely manner. Incomplete Invoices are not eligible for interest payments.

Submit only ONE monthly invoice (and ONE invoice number) for all services/cumulative periods of services rendered during that month. The invoice must also include the date(s) and the rate(s) charged as per Appendix P and the description of the specific service rendered. All invoices shall include appropriate back up documentation.

**Do not submit statements.**

## **Non-Compliance:**

The Contractor shall provide complete and accurate billing invoices to OTDA in order to receive payment. Billing invoices submitted to OTDA must contain all information and supporting documentation required by the Contract, OTDA, and the State Comptroller. In the event that the Contractor submits an inaccurate or incomplete invoice, OTDA may refuse to pay the invoice and may return it to the Contractor with a written explanation for the decision to refuse payment. The Contractor must submit a corrected invoice within 30 days. OTDA reserves the right to deem the Contractor non-compliant and to terminate the contract if, after having been giving notice and an opportunity to cure, the Contractor fails to submit accurate and complete invoices on more than 3 occasions during the term of the contract.

## **Contractor Inquiry on Paid Invoices through eSupplier:**

eSupplier is a system that allows suppliers to maintain information pertaining to their addresses and contacts. It can also be used to review information related to Purchase Orders (PO), invoices and payments. The Contract must be enrolled in eSupplier and must have at least one user with a valid user ID and password in order to perform searches on payment information, PO information and invoice information. See the [Vendor Guide to New York State's Centralized Vendor Management](#) process for more information on registering and logging into Vendor Self Service.

## **SECTION 9: VENDOR RESPONSIBILITY**

Section 163 of the State Finance Law (purchasing services and commodities) requires that contracts be awarded, on the basis of “best value” or “lowest price”, to a responsive and responsible vendor. The State and courts have determined that responsibility includes integrity, previous performance, legal authority to do business in New York State, and the financial and organizational ability to perform the contract.

- A. Vendor Responsibility requires that contractors complete and certify specific information on a Vendor Responsibility Questionnaire or in the event of an award or other changes, update information on an on-going basis. OTDA recommends that Offerors 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://osc.state.ny.us/vendrep/info\\_vrsystem.htm](https://osc.state.ny.us/vendrep/info_vrsystem.htm) or go directly to the VendRep System online at <https://portal.osc.state.ny.us>.
- B. Offerors must provide their New York State Vendor Identification Number when enrolling in the VendRep System and to participate in this RFP. To request assignment of a New York State Vendor Identification Number, Offerors must complete the Substitute Form W-9: Request for Taxpayer Identification Number & Certification, located at [https://www.osc.state.ny.us/vendors/forms/ac3237s\\_fe.pdf](https://www.osc.state.ny.us/vendors/forms/ac3237s_fe.pdf). Offerors must e-mail the completed form to [procurements@otda.ny.gov](mailto:procurements@otda.ny.gov). Offeror's NYS Vendor Identification Number will be provided via e-mail, along with further instructions. Offerors, who do not already have a New York State Vendor Identification Number, must submit the completed W-9 prior to submission of bids.
- C. Offerors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep) or by contacting OSC's Help Desk for a copy of the paper form. Please call OSC's Help Desk with any questions at 1-(518) 408-4672 or 1-(866) 370-4672.
- D. The Contractor shall at all times during the Contract Term remain responsible. The Contractor agrees, if requested by the Commissioner of OTDA or his/her designee, to present evidence of its continuing legal authority to do business in New York State, integrity, experience, ability, prior performance, and organizational and financial capacity.

## **SECTION 10: SUSPENSION OF WORK (FOR NON-RESPONSIBILITY)**

The Commissioner of OTDA or his/her designee, in his/her sole discretion, reserves the right to immediately suspend any or all activities under the Contract resulting from this RFP, at any time, when he/she discovers information that calls into question the responsibility of the Contractor. In the event of such suspension, the Contractor will be given written notice outlining the particulars of such suspension. Upon issuance of such notice, the Contractor must comply with the terms of the suspension order. Contract activity may resume at such time as the Commissioner of OTDA or his/her designee issues a written notice authorizing a resumption of performance under the Contract.

## **SECTION 11: TERMINATION (FOR NON-RESPONSIBILITY)**

Upon written notice to the Contractor, and a reasonable opportunity for the Contractor to be heard with appropriate OTDA officials or staff, the Contract may be terminated by the Commissioner of OTDA or his/her designee at the Contractor's expense where the Contractor is determined by the Commissioner of OTDA or his/her designee to be non-responsible. In such event, the Commissioner of OTDA or his/her designee may complete the contractual requirements in any manner he or she may deem advisable and pursue available legal or equitable remedies of breach. In no case shall such termination of the Contract by the State be deemed a breach thereof, nor shall the State be liable for any damages for lost profits or otherwise, which may be sustained by the Contractor as a result of such termination.

## **SECTION 12: SALES AND COMPENSATING USE TAX CERTIFICATION (TAX LAW, §5-A)**

The Tax Law § 5-a requires Contractors awarded State contracts for commodities and services valued at more than \$100,000 over the full Term of the Contract to certify to the New York State Department of Taxation and Finance ("DTF") that they are registered to collect New York State and local sales and compensating use taxes, if they made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000, measured over a specific time period. The registration requirement applies if the contractor made a cumulative total of more than \$300,000 in sales during the four (4) completed tax quarters which immediately precede the sales tax quarter in which the certification is made. Sales tax quarters are June - August, September – November, December - February, and March – May. In addition, contractors must certify to DTF that each affiliate and subcontractor of such contractor exceeding such sales threshold during a specified period is registered to collect New York State and local sales and compensating taxes. Contractors must certify to the procuring State entity that they filed the certification with the DTF and that it is correct and complete.

The selected Offeror must file a properly completed form ST-220-CA (with OTDA the Contracting Agency within forty-eight (48) hours of notification of selection of award) and Form ST-220-TD (with the DTF). These requirements must be met before a contract may take effect. Further information can be found at the New York State Department of Taxation and Finance website, available through this link: [www.tax.ny.gov/pdf/publications/sales/pub223.pdf](http://www.tax.ny.gov/pdf/publications/sales/pub223.pdf). Forms are available through these links:

- ST-220-CA: [http://www.tax.ny.gov/pdf/current\\_forms/st/st220ca\\_fill\\_in.pdf](http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf)
- DT-220-TD: [http://www.tax.ny.gov/pdf/current\\_forms/st/st220td\\_fill\\_in.pdf](http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf)

Please note that although form ST-220-CA is not required as part of the proposal, OTDA encourages Offerors to include them with the proposal to expedite contract execution if the Offeror is awarded the contract.

### **SECTION 13: INSURANCE REQUIREMENTS**

Within forty-eight (48) hours of notification of award the Contractor shall procure at its sole cost and expense, and shall maintain in force at all times during the Term of the Contract, policies of insurance as set forth in Attachment 4 (New York State Insurance Requirements), written by companies authorized by the New York State Insurance Department to issue insurance in the State of New York (“admitted” carriers) with an A.M. Best Company rating of “A-” or better or as acceptable to OTDA.

### **SECTION 14: LITIGATION HOLD**

If OTDA notifies the vendor of the implementation of a litigation hold(s) on data stored in the Contractor’s system, the Contractor shall be responsible, at its own costs, to collect, preserve and produce to OTDA or to whichever entity OTDA directs, in an agreed upon format, all data in the system within the scope of the litigation hold(s). The litigation hold(s) shall remain in place until such time that OTDA notifies the Contractor the litigation hold(s) is/are no longer in effect.

### **SECTION 15: STATE ETHICS LAW PROVISION**

The Offeror and its Subcontractors shall not engage or employ any person who is, or has been at any time, in the employ of the State, to perform services in violation of the provisions of the New York Public Officers Law, other laws applicable to the service of State employees, and the rules, regulations, opinions, guidelines or policies promulgated or issued by the New York State Joint Commission on Public Ethics, or its predecessors (collectively, the “Ethics Requirements”) as they may be amended from time to time. The Offeror shall certify that all of its employees and those of its Subcontractors who are former employees of the State, and who are assigned to perform services under this Agreement, shall be assigned in accordance with all Ethics Requirements.

During the Term of the Agreement, no person who is employed by the Offeror or its Subcontractors, and who is disqualified from providing services under the Agreement, resulting from this RFP pursuant to any Ethics Requirements, may share in any net revenues of the Offeror or its Subcontractors derived from the Agreement resulting from this RFP. The Offeror shall identify and provide OTDA with notice of those employees of the Offeror, and its Subcontractors, who are former employees of the State that will be assigned to perform services under the Agreement, and make sure that such employees comply with all applicable laws and prohibitions.

OTDA may request that the Offeror provide it with whatever information OTDA deems appropriate about each such person’s engagement, work cooperatively with OTDA to solicit advice from the New York State Joint Commission on Public Ethics, and, if deemed appropriate by OTDA, instruct any such person to seek the opinion of the New York State Joint Commission on Public Ethics.

OTDA shall have the right to withdraw or withhold approval of any subcontract if utilizing such Subcontractor for any work performed hereunder would be in conflict with any of the Ethics Requirements. OTDA shall have the right to terminate the Agreement, resulting from this RFP at any time if any work performed hereunder is in conflict with any of the Ethics Requirements.

By submitting a proposal to this RFP, the person signing the proposal certifies, for and on behalf of the Offeror, that:

- a. He/she has read and understands the provisions applicable to post-employment restrictions affecting former State officers and employees, available using the URL address [1] below:

- Public Officers Law § 73(8)(a)(i), (the two-year bar), and
  - Public Officers Law § 73(8)(a)(ii), (the lifetime bar).
- b. Submission of this proposal does not violate either provision;
  - c. He/she is familiar with the Offeror's employees, and its agents;
  - d. No violation shall occur by entering into a contract or in performance of the contractual services.
    - e. This certification is material to the proposal; and
    - f. He/she understands that OTDA intends to rely on this certification.

The Offeror shall fully disclose to OTDA, within its Proposal and on a continuing basis, any circumstances that could affect its ability to comply with the cited laws and ethics requirements.

Offerors shall address any questions concerning these provisions to:

The New York State Joint Commission on Public Ethics  
 540 Broadway  
 Albany, New York 12207  
 Telephone #: (518) 408-3976

**SECTION 16: PUBLIC OFFICERS LAW**

The Contractor agrees not to engage in any conduct which the Contractor knows or has reason to believe would violate or would assist an employee of New York State to violate Sections 73 and 74 of New York's Public Officers Law.

**SECTION 17: OTHER AGENCY USE**

Upon request by any other New York State Agency, the Contractor shall enter into an agreement with such agency for the purchase of the goods and services, or any portion thereof, which is the subject of this Agreement. Such new agreement shall provide that the cost of such goods and services to the agency entering into such agreement shall be the same as charged to CSA under this Agreement.

Upon request by a local social services district, the Contractor shall enter into an agreement with such district for the purchase of the goods and services, or any portion thereof, that are the subject of this Agreement. Such new agreement shall provide that the cost of such goods and services to the district entering into such agreement shall be the same as charged to CSA under this Agreement.

**SECTION 18: PROCUREMENT LOBBYING ACT**

OTDA reserves the right to terminate the award resulting from this procurement in the event it is found that the Procurement Lobbying Act Certification filed by the Contractor in accordance with New York State Finance Law §139-k was intentionally false or intentionally incomplete. Upon such finding, OTDA may exercise its termination rights by providing written notification to the awardee.