



**BRIA**  
Bureau of Refugee and  
Immigrant Assistance

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A Program of the Office of Temporary and Disability Assistance

# Service Provider Handbook

Issued December  
2015

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## Introduction

In order to operate a successful BRIA funded program, it is essential for Service Providers to have a good understanding of all the parts of the Service Provider's contract, in addition to enough knowledge of all the processes and procedures that are involved with entering into a contract and maintaining compliance.

The *BRIA Service Provider Handbook* has been developed for Service Providers to use as a guide in navigating the elements and milestones involved in sustaining a BRIA program. It contains information regarding contract development and execution, as well as best practices for maintaining case records and generating reports that meet BRIA, Office of Temporary and Disability Assistance (OTDA) and Office of State Comptroller (OSC) expectations.

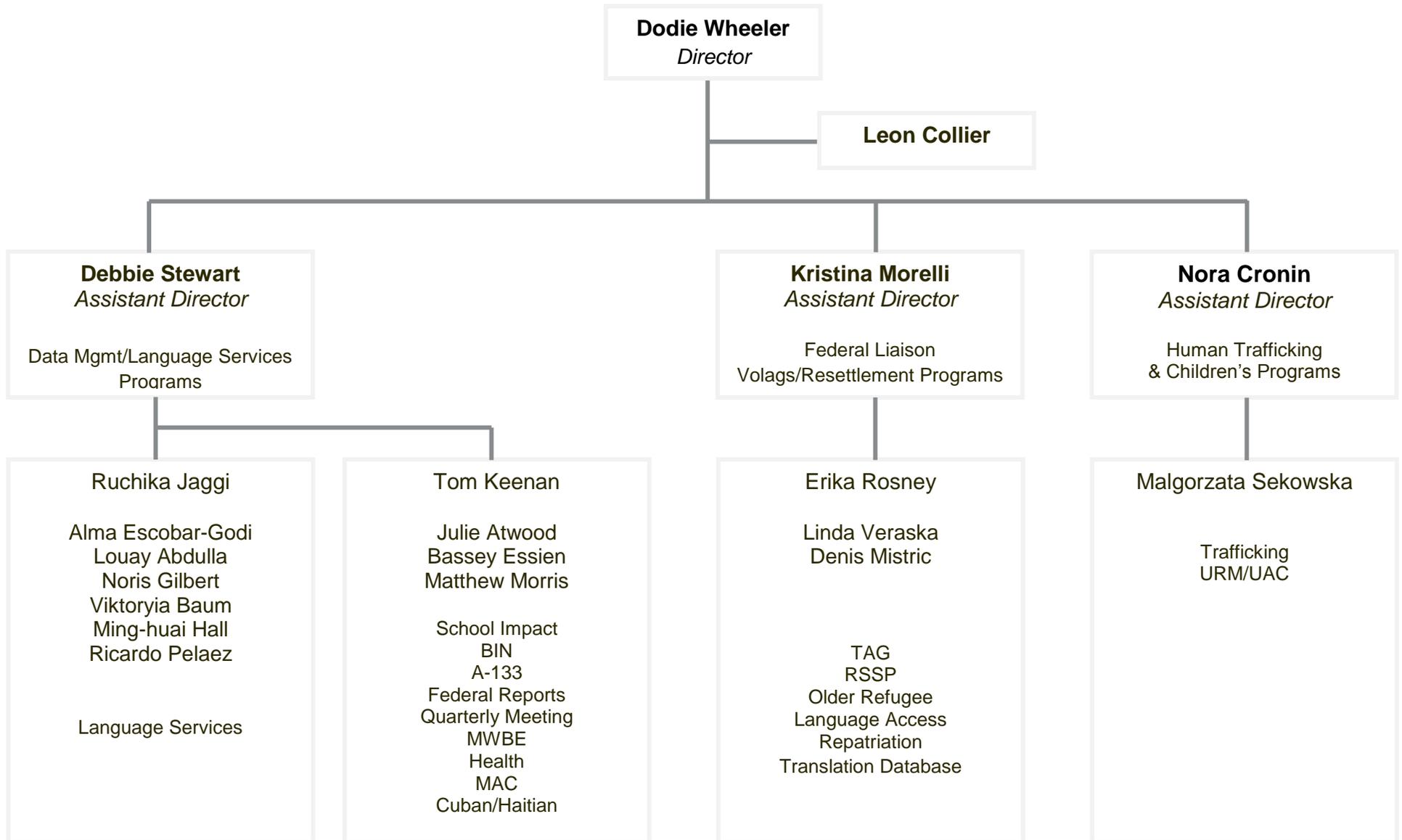
In the hopes that this *Handbook* contains the most accurate, helpful, and up-to-date information, it will remain a "working" document that will be updated as needed.

Further information and assistance on BRIA programs may be obtained by contacting your program manager.

-or-

visiting the BRIA website at <http://otda.ny.gov/programs/bria/>.

# Bureau of Refugee and Immigrant Assistance Organizational Chart



## What is BRIA?

BRIA is a State level entity located in the Center for Specialized Services within the Office of Temporary and Disability Assistance (OTDA) and is responsible for the implementation of services to refugees in New York State.

The federal Refugee Act of 1980 incorporated a co-existing array of private refugee resettlement agencies and public agencies serving refugees into a national Refugee Resettlement Program under the shared jurisdiction of the Department of State and the Office of Refugee Resettlement (ORR) within the Department of Health and Human Services. Under the Act, each state participating in the program is represented by a State Refugee Coordinator. In New York State, the position of State Refugee Coordinator is synonymous with the position of BRIA Director.

BRIA's mission is to direct resources to local entities that assist refugees and their families in achieving early economic and social self-sufficiency, help repatriated citizens return home safely, assist victims of human trafficking, and assure proper foster care for unaccompanied refugee and entrant minors. BRIA administers several state and federally funded programs to achieve this mission.

Funding for BRIA programs is made possible through the New York State budget, as well as federal grants from the U.S. Department of Health and Human Services, Office of Refugee Resettlement.

BRIA is comprised of the following four areas:

### **Refugee Services**

Staff is responsible for contract development of the Refugee Social Services, Targeted Assistance, Services to Older Refugees and U.S. Repatriation Program Non-Emergency Services in NYC programs. Staff is also responsible for language access policy.

### **Response to Human Trafficking and Unaccompanied Children's Programs**

Staff is responsible for the state's Response to Human Trafficking and Unaccompanied Alien Children (UAC), Unaccompanied Refugee Minor (URM), programs. The unit also provides technical assistance on issues related to New York State's diverse immigrant youth population. As the focal point for human trafficking, the unit works as OTDA's liaison with all agencies regarding the development and implementation of the State's human trafficking program. This includes overseeing six contractors and working to ensure proper coordination among agencies involved in human trafficking prevention.

## **Language Services**

Staff is responsible for translation and interpretation services. Unit translators and selected vendors produce translated forms and other materials in the native languages of many immigrant communities. The translated forms and materials improve their access to services and benefits through better understanding of program availability and requirements.

## **Data Management and Program**

Staff is in charge of obtaining and analyzing refugee arrival and immigrant population data, preparing required federal reports and ad hoc state reports, processing requests for A-133 single audit reports and maintaining the BRIA Information Network (BIN). BIN is an Internet web-based system that connects BRIA with our service providers (and their subcontractors) for the purpose of client eligibility screening, client service history, service planning, reporting of service completions, claiming payment, and preparation of reports. Staff also oversees the Cuban/Haitian Entrant, Making a Connection, Refugee School Impact Grant and Refugee Health programs.

## Maintaining Client Case Records

Client case records are a combination of case notes, forms, letters, immigration status documents, and other documentation. These various documents detail client eligibility, and service planning and delivery. Case records help Service Providers track individual cases, program outcomes and achievements. They also allow BRIA Program Managers to easily reference program activity during monitoring visits.

Service Providers must prepare and maintain individual paper and/or electronic case records for each client enrolled in a program. It is acceptable to maintain hard copy or electronic case records. BRIA strongly recommends that hard copy case files are maintained in locked storage cabinets. The files must be made available by the Service Provider to OTDA as needed.

### Components of a Client Case File

#### *Application for Services*

For most contracts, client-specific payment points require an Application for Services that is signed and dated by both client and agency representative once the application is completed and **prior to services being provided**. If an interpreter was used during intake, there is a place for him or her to sign at that time as well. The agency supervisor must sign and date the application within 30 days of the client and agency representative signatures, or prior to submission of a voucher; whichever date is earlier.

Service Providers may complete the Application for Services electronically in the BIN system during client intake, and then immediately print it for signature by the appropriate parties.

Service Providers may also complete and sign hard copies of the Application with their clients, and data enter the information into BIN at a later time. Please note, some BRIA programs require that only a paper application be completed. The signed Application for Services is kept in the client files with the other case records and documentation.

An Application for Services is completed for each client who wishes to receive a program's services.

A **new** Application for Services is required for a client with whom an Application was previously completed for the following situations:

- When a new contract term begins;
- When there is a change in the client's immigration or marital status;

- When there is a change in the client’s household size (for employment-based programs); or
- When there is a significant change in the client’s household income (for employment-based programs).

The Service Provider may use an alternative Application for Services. Such alternatives must be submitted in writing and approved by BRIA prior to being used. The BRIA approval notice must be attached to the Service Provider’s contract.

DSS-4572 New York State Office of Temporary and Disability Assistance

### Application for Refugee-Related Services Programs

<b>Agency</b>	<b>Application Data-Entry Date</b>	<b>Application Number</b>

**A- General Information**

Applicant Name	National Origin	Ethnicity	Applicant Address	Phone

**B- Family Data**

No.	Name: Name: Last, First MI	Alien No.	Entry Date	SSN	Sex	Employed	BirthDate	Relationship

**C- Information for Eligibility Determination**

Immigration Date	Immigration Status	
Cash Assistance	<input type="checkbox"/> Family Assistance	<input type="checkbox"/> Safety Net <input type="checkbox"/> RCA <input type="checkbox"/> Match Grant <input type="checkbox"/> SSI
CIN		
Total Family Member Income		
Total Cash Assistance		
Other Household Income		
Total Monthly Income		

**D- Applicant Certification**

In signing this application, I swear and affirm that the information I have given or will give to the authorized agency as a basis for services is true and correct to the best of my knowledge.  
I agree to inform the agency promptly of any changes in my needs, income, living arrangements or address.

I have read and understand the contents of this document.

I have received interpretation services and understand the contents of this document.

Applicant Signature	Date:
Agency Representative Signature	Date:
Interpreter Signature	Date:
Agency Supervisor's Signature	Date:

### ***Family Self-Sufficiency Plan (FSSP)***

For BRIA employment programs, the FSSP is a tool used to summarize a family or individual's barriers to self-sufficiency, the income goals required to obtain self-sufficiency, and relevant information related to education, language, employment history, skills and client aspirations.

Just like the Application for Services, the FSSP is to be completed electronically in the BIN system. The completed FSSP is printed and reviewed with the client, and then signed by the appropriate parties. Subsequently, it is kept on file with the other case records in the client's file.

A **new** FSSP is required for a client with whom a FSSP was previously completed for the following situations:

- When a new contract term begins;
- When there is a change in the client's immigration or marital status;
- When there is a change in the client's household size (for employment-based programs); or
- When there is a significant change in the client's household income (for employment-based programs).

The Service Provider may use an alternative FSSP. Such alternatives must be submitted in writing and approved by BRIA prior to being utilized. The BRIA approval notice must be attached to the Service Provider's contract.

**FAMILY SELF SUFFICIENCY PLAN**

Agency	Application Data - Entry Date	Application Number

A - General Information			
Applicant Name		Applicant Address	
National Origin			
Ethnicity			
		Phone	

B - Household Expenses	
Shelter	
Utilities	
Electric	
Gas	
Water	
Phone	
Other	
Food	
Clothing	
Personal Items	
Child Care	
Transportation	
Other Expenses	
Description:	
Description:	
Description:	

C - Family Data								
No.	Name: Name: Last, First MI	Age	Allen No.	Entry Date	Relationship	Employed	Employable	Income Goal

**FAMILY SELF SUFFICIENCY PLAN**

Agency	Application Data - Entry Date	Application Number

D - Information for Eligibility Determination	
Immigration Date	Immigration Status
Cash Assistance <input type="checkbox"/>	Family Assistance <input type="checkbox"/> Safety Net <input type="checkbox"/> RCA <input type="checkbox"/> Match Grant <input type="checkbox"/> SSI <input type="checkbox"/>
CIN	
Total Family Member Income	
Total Cash Assistance	
Other Household Income	
Total Monthly Income	

E - Employment History						
Is Primary	Type Of Company	Location of Employment	From	To	Occupation	Reason For Leaving

Pre-Arrival	Post-Arrival	Years Of School	Type of Education	Major Course of Study	Certificate/License
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

G - Language Proficiency				
Primary	Language	Speaking	Writing	Reading

Page 3 of 4

**FAMILY SELF SUFFICIENCY PLAN**

Agency	Application Data - Entry Date	Application Number

Is Client Enrolled In An ESL Class?

If "No", Please Explain.

Strengths And Skills

Immediate Action Steps

Long Term Goals

Are There Barriers To Employment?

If Barriers Exist, Please List Them Below.

**H - Applicant's Certification**

I understand that the purpose of this plan is to:

- 1) enable me to prepare for early employment,
- 2) enable me to obtain employment, and
- 3) assist me in the first steps towards my future in the United States.

I have jointly developed this plan with my case manager and I understand its contents.

I agree to cooperate with my case manager in following the actions recommended in the plan, including accepting referrals for services and accepting employment offers.

I also agree to meet with my case manager on a regular basis to evaluate progress on my plan.

I give permission to my case manager to provide a copy of my plan to authorized provider(s) to which I have been referred.

I have read and understand the contents of this document.

I have received interpretation services and understand the contents of this document.

Applicant's Signature	Date:
Agency Representative's Signature	
Interpreter's Signature	Date:
Agency Supervisor's Signature	Date:

## **Case Notes**

Case notes are the written narrative portions of the case record that explain how the Service Provider has planned and provided services to a client. Many Payment Points require case notes to accompany other documentation to support service provision and payment point achievement.

A case note entry should be made each time a service is provided to the client and/or an action is made by the Service Provider on behalf of a client. Case notes help the Service Provider track client progress and create a narrative link among all of the forms and documents in the case file.

Effective case notes should allow anyone reading the file to walk away with a clear understanding of what service(s) was provided to the client, the order in which things were done, and the impact the service(s) had on the client. It should be apparent by reading the case notes that the services the client received were appropriate based on his or her individual circumstances, and that what was provided is allowable under the terms of the contract.

Each written case note should address the following questions:

1. **WHO** provided the service to **WHOM**?
2. **WHAT** service was provided and **WHAT was the outcome**?
3. **HOW** was the service provided?
4. **WHEN** was the service provided?

Case files must also include a case note indicating the status of the case, and in particular, the final disposition of the case

The author of each case note entry should also be documented. Additionally, as with other case record documentation, case notes may be maintained digitally (in BIN or other software program) or in hard copy.

## Data Entry, Payment and Reporting

The majority of BRIA contracts are performance based. For almost all programs, Service Providers track and report performance outcomes by using BIN. Not only is BIN used for tracking and reporting, but it is also used to electronically submit claims for payment.

For programs that are not set up for payment and reporting using BIN, a manual method using a hard copy Claim for Payment form is used.

### BRIA Information Network (BIN)

#### *Getting Started*

BRIA Staff provides BIN training for new Service Providers. These trainings usually occur at the beginning of a new contract term, but also may be organized at other times, as the Program Manager sees fit, or at the request of a Service Provider.

The Service Provider must send the Program Manager a list of the names and e-mail addresses of staff who will work in the BIN system, so BRIA can provide them with individual User IDs and passwords. The list must indicate which staff will have the ability to voucher, versus which staff will only perform data entry. ***If at any time, staff with User IDs and passwords should no longer have access to BIN, and/or a staff member is no longer employed with the Service Provider, please notify the BRIA BIN manager immediately so the User ID may be disabled.***

If applicable, the Service Provider must also send the names and e-mail addresses of subcontractor staff that will perform data entry. The Service Provider must also send a copy of the subcontractor agreement at the beginning of the contract term. Although a contractor may complete the data entry and vouchering on behalf of their subcontractor(s), BRIA prefers that subcontractors complete their own data entry in BIN for tracking and monitoring purposes. All data entered by a subcontractor requires review and approval by the prime Contractor before the claims are submitted.

### **Data Entry**

At BIN training, Service Provider staff will learn how to successfully complete an Application for Services and Family Self-Sufficiency Plan, develop a service plan and enter services in BIN to achieve the payment points in their contract. Service Providers may also view tutorials by clicking on *View Training Videos* in BIN.

At the time of Contract *External Review and Signature* (as noted on page 27), Program Managers notify Service Providers that they may data enter client information and services provided.

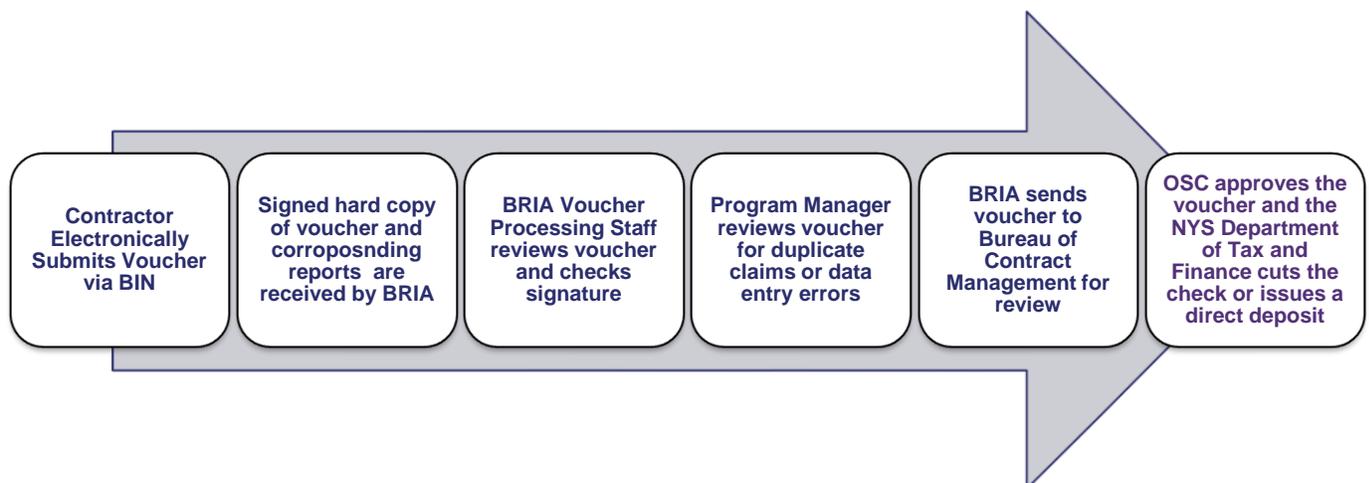
### **Vouchering**

Vouchers for payment may be submitted to BRIA at the frequency stated in Attachment D of the contract. The majority of Service Providers submit vouchers electronically via BIN, and a hard copy accompanied by various reports are printed, signed, and mailed to BRIA.

Service Providers are trained on the vouchering process during BIN training. Service Providers may also view tutorials by clicking on *View Training Videos* in BIN.

Beginning the day after the quarter ends, and after ensuring the required and/or allowable services for a particular **client-specific payment point** have been completed and correctly data entered in BIN, and the achievement process has taken place, the Service Provider can import the completed payment point into the Quarterly Voucher to claim for payment.

For **non-client specific payment points**, the Service Provider will data enter the number of units completed in the Quarterly Voucher. The Service Provider must send a corresponding “Roster of Events” along with the voucher.



### ***BIN Reports***

Service Providers may monitor their progress by viewing the various reports that are available in BIN. These reports are helpful in determining if modifications are necessary to achieve contract goals and earn the entire award amount.

# Program Monitoring

BRIA will monitor projects on a regular basis throughout the life of a contract. Monitoring may include site visits, regular phone or e-mail contact, desk monitoring using BIN, and/or discussions about performance as reflected by quarterly vouchers.

## Site Visits

The purpose of monitoring visits is to ensure that the Service Provider is meeting all Federal and/or State Regulations and contract requirements, and also for BRIA to provide technical assistance by addressing any Service Provider questions or concerns regarding the program. Monitoring visits are conducted by the Program Manager and/or other BRIA staff, and should occur once per budget period.

BRIA contacts the Service Provider Program Contact and a mutually convenient day is agreed upon, allowing for at least one month's notice. The Service Provider Agency Contact (Executive Director or similar) is formally notified of the site visit via a letter and agenda no less than two (2) weeks prior to the visit. Within a few days of the visit, the Service Provider Program Contact is provided a list of client case files that must be made available for review. In addition, the Program Manager may request supporting documentation be available for review of non-client specific payment points that have been claimed.

## Monitoring Reports

The Service Provider will receive a narrative Monitoring Report no more than thirty (30) days following the site visit.

### *Summary of Key Issues and Discussion*

This portion of the report provides a narrative summary of the visit, and the interactions the Program Manager had with program staff. Any questions or concerns that were expressed during the visit are summarized in this section, along with the official responses.

### *Commendations*

This section of the monitoring report outlines the parts of the program which the Program Manager found to be outstanding and deserve mention.

### *Review of Client Files and Findings*

The Program Manager reports his or her evaluation of the case file review in this section.

### ***Best Practices***

Best Practices are suggested methods or techniques that may increase efficiency, eliminate redundancy or improve aspects of the program in general.

### ***Corrective Action***

If the Program Manager determines that claims have not been properly documented, or if there is an issue negatively affecting the program's purpose and/or performance, a corrective action may be required.

The Service Provider has approximately thirty (30) days from the receipt of the monitoring report to prepare a written corrective action response. If OTDA does not receive a response by the deadline, or the response submitted is not satisfactory, the Program Manager will assist the Service Provider to arrive at a resolution.

### ***Recoupment (if applicable)***

If the Service Provider is unable to sufficiently document claims that were not properly documented at the time of the monitoring visit and noted in the Corrective Action portion of the monitoring report, BRIA will institute a financial disallowance. The amount to be recouped will be deducted from the next submitted voucher. The payment point unit(s) that is disallowed is returned to the number of units available to the Service Provider so that it can be claimed at a future time during the contract term. If there are no more vouchers to be submitted, the Service Provider would be expected to reimburse OTDA by check.

## Components of a Contract

The State of New York Master Contract for Grants is a uniform grants contract for use in most grant transactions. The Master Contract for Grants will eliminate redundant iterations of contract language across state agencies and reduce the complexity grantees face in reviewing contract terms prior to entering into an agreement.

The Master Contract for Grants contains all the information a provider needs to satisfy the contractual requirements and expectations of BRIA, OTDA, and OSC, and remain in compliance. Providers should always refer to their contract for answers to all questions regarding documentation requirements, required and allowable services, important dates, contract amounts and limits, payment information, contact information, implementation information, and more.<sup>1</sup>

This section outlines the structure of the Master Contract for Grants and explains the important components of each section.

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<sup>1</sup> Additional sources of information are the Request for Proposals (RFP) and the Questions and Answers document that correlate with the contract.

## State of New York Master Contract for Grants Face Page

- Acts as the “table of contents” for the contract
- Contains unique contract number designated by OSC
- Denotes contract term and funding amount
- Lists all the attachments contained in the agreement

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE	
<b>STATE AGENCY (Name &amp; Address):</b> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<b>BUSINESS UNIT/DEPT. ID:</b> <input style="width: 100%;" type="text"/> <b>CONTRACT NUMBER:</b> <input style="width: 100%;" type="text"/> <b>CONTRACT TYPE:</b> <input type="checkbox"/> Multi-Year Agreement <input type="checkbox"/> Simplified Renewal Agreement <input type="checkbox"/> Fixed Term Agreement
<b>CONTRACTOR SFS PAYEE NAME:</b> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<b>TRANSACTION TYPE:</b> <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment
<b>CONTRACTOR DOS INCORPORATED NAME:</b> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<b>PROJECT NAME:</b> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
<b>CONTRACTOR IDENTIFICATION NUMBERS:</b> NYS Vendor ID Number: <input style="width: 100%;" type="text"/> Federal Tax ID Number: <input style="width: 100%;" type="text"/> DUNS Number (if applicable): <input style="width: 100%;" type="text"/>	<b>AGENCY IDENTIFIER:</b> <input style="width: 100%;" type="text"/> <b>CFDA NUMBER (Federally Funded Grants Only):</b> <input style="width: 100%;" type="text"/>
<b>CONTRACTOR PRIMARY MAILING ADDRESS:</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <b>CONTRACTOR PAYMENT ADDRESS:</b> <input type="checkbox"/> Check if same as primary mailing address <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <b>CONTRACT MAILING ADDRESS:</b> <input type="checkbox"/> Check if same as primary mailing address <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>CONTRACTOR STATUS:</b> <input type="checkbox"/> For Profit <input type="checkbox"/> Municipality, Code: <input style="width: 100%;" type="text"/> <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Individual <input type="checkbox"/> Not-for-Profit Charities Registration Number: <input style="width: 100%;" type="text"/> Exemption Status/Code: <input style="width: 100%;" type="text"/> <input type="checkbox"/> Sectarian Entity
Contract Number: # <input style="width: 100%;" type="text"/> Page 1 of 2 Master Grant Contract, Face Page	

**STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE**

<p><b>CURRENT CONTRACT TERM:</b> From: <input type="text"/> To: <input type="text"/></p> <p><b>CURRENT CONTRACT PERIOD:</b> From: <input type="text"/> To: <input type="text"/></p> <p><b>AMENDED TERM:</b> From: <input type="text"/> To: <input type="text"/></p> <p><b>AMENDED PERIOD:</b> From: <input type="text"/> To: <input type="text"/></p>	<p><b>CONTRACT FUNDING AMOUNT</b> <i>(Multi-year - enter total projected amount of the contract, Fixed Term/Simplified Renewal - enter current period amount):</i></p> <p>CURRENT: <input type="text"/></p> <p>AMENDED: <input type="text"/></p> <p><b>FUNDING SOURCE(S)</b></p> <p><input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other</p>
---	--

**FOR MULTI-YEAR AGREEMENTS ONLY - CONTRACT PERIOD AND FUNDING AMOUNT:**  
(Out years represent projected funding amounts)

#	CURRENT PERIOD	CURRENT AMOUNT	AMENDED PERIOD	AMENDED AMOUNT
1				
2				
3				
4				
5				

**ATTACHMENTS PART OF THIS AGREEMENT:**

Attachment A:                       A-1 Program Specific Terms and Conditions  
     A-2 Federally Funded Grants

Attachment B:                       B-1 Expenditure Based Budget  
     B-2 Performance Based Budget  
     B-3 Capital Budget  
     B-1(A) Expenditure Based Budget (Amendment)  
     B-2(A) Performance Based Budget (Amendment)  
     B-3(A) Capital Budget (Amendment)

Attachment C: Work Plan

Attachment D: Payment and Reporting Schedule

Other:

Contract Number: #

## State of New York Master Contract for Grants Signature Page

- Requires the electronic signature of the Service Provider, OTDA Bureau of Contract Management, New York State Office of the Attorney General and Office of the State Comptroller
- Following OTDA approval of a draft contract, the status in Grants Gateway is changed to “Grantee Contract Signature Required” to obtain the Service Provider’s signature

<p>IN WITNESS THEREOF, the parties hereto have executed or approved this Master Contract on the dates below their signatures.</p>	
<p><b>CONTRACTOR:</b></p> <div style="background-color: #e0e0ff; height: 40px; width: 100%;"></div> <p>By: _____</p> <p style="text-align: center;">Printed Name</p> <p>Title: _____</p> <p>Date: _____</p>	<p><b>STATE AGENCY:</b></p> <div style="background-color: #e0e0ff; height: 40px; width: 100%;"></div> <p>By: _____</p> <div style="background-color: #e0e0ff; height: 20px; width: 100%;"></div> <p style="text-align: center;">Printed Name</p> <p>Title: _____</p> <p>Date: _____</p>
<p>STATE OF NEW YORK</p> <p>County of _____</p> <p>On the ____ day of _____, _____, before me personally appeared _____, to me known, who being by me duly sworn, did depose and say that he/she resides at _____, that he/she is the _____ of the _____, the contractor described herein which executed the foregoing instrument; and that he/she signed his/her name thereto as authorized by the contractor named on the face page of this Master Contract.</p> <p>(Notary) _____</p>	
<p><b>ATTORNEY GENERAL'S SIGNATURE</b></p> <p>_____</p> <p style="text-align: center;">Printed Name</p> <p>Title: _____</p> <p>Date: _____</p>	<p><b>STATE COMPTROLLER'S SIGNATURE</b></p> <p>_____</p> <p style="text-align: center;">Printed Name</p> <p>Title: _____</p> <p>Date: _____</p>
<p>Contract Number: # <span style="background-color: #e0e0ff; border: 1px solid red; display: inline-block; width: 100px; height: 15px;"></span></p> <p>Page 1 of 1, Master Contract for Grants Signature Page</p>	

## **State of New York Master Contract for Grants Standard Terms and Conditions**

- Summarizes the responsibilities of the Service Provider and the New York State Agency (OTDA in this case)
- Contains the following sections: General Provisions; Term, Termination and Suspension; Payment and Reporting; and Additional Contractor Obligations, Representations and Warranties
- To review the Standard Terms and Conditions, go to [http://grantsreform.ny.gov/sites/default/files/docs/nys\\_master\\_contract\\_for\\_grants\\_TnC\\_enabled\\_V2.pdf](http://grantsreform.ny.gov/sites/default/files/docs/nys_master_contract_for_grants_TnC_enabled_V2.pdf)

## **Attachment A-1 Program Specific Terms and Conditions**

- Contains terms and conditions specific to OTDA such as: Personnel; Office Services; General Provisions; M/WBE and EEO participation goals and requirements; Reports and Deliverables; Confidentiality and Protection of Human Subjects; Publications and Copyrights; Patents and Inventions; Termination; Notices and Refunds; Additional Assurances; and Reconciliation

## **Attachment A-2 Federally Funded Grants**

- Contains terms and conditions specific to federally funded grants, including the authorization for the program; eligible services; eligible population(s); and Match Grant limitations

## Attachment B-2: Performance Based Budget

- Is originally submitted by the Service Provider as part of the proposal in response to an RFP, and subsequently revised during contract development to reflect the actual award
- Indicates payment rates and number of units per deliverable/outcome the Service Provider will provide during the contract term
- There is one performance based budget per budget period and one aggregate performance based budget for the contract term for multi-year contracts

**ATTACHMENT B-2 - PERFORMANCE BASED BUDGET  
SUMMARY**

PROJECT NAME:

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD: From:   
To:

#	DELIVERABLE/OUTCOME	TOTAL AMOUNT PER UNIT	GRANT AMOUNT PER UNIT	NUMBER OF UNITS	GRANT FUNDS	MATCH FUNDS	MATCH %	OTHER FUNDS	TOTAL
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0.00	<input type="text"/>	% <input type="text"/>	<input type="text"/>	\$0.00
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0.00	<input type="text"/>	% <input type="text"/>	<input type="text"/>	\$0.00
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0.00	<input type="text"/>	% <input type="text"/>	<input type="text"/>	\$0.00
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0.00	<input type="text"/>	% <input type="text"/>	<input type="text"/>	\$0.00
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0.00	<input type="text"/>	% <input type="text"/>	<input type="text"/>	\$0.00
Subtotal					\$0.00	\$0.00		\$0.00	\$0.00
Available Bonus					<input type="text"/>				<input type="text"/>
TOTAL					\$0.00	\$0.00		\$0.00	\$0.00

Contract Number: #   
Page 1 of 1, Attachment B-2 - Performance Based Budget

The Match Funds and Match % columns may be left blank. BRIA programs do not currently require match funds.

## **Attachment C: Work Plan**

### ***Summary***

- Includes the narrative from the Work Plan Overview Screens (Project Summary and Organizational Capacity sections) as part of the proposal in response to an RFP, and may be revised during contract development or during the contract term to reflect any changes in the program since its inception.
  - The Project Summary section consists of a high-level overview of the project, including the overall goal and desired outcomes. It also includes information such as location, target population, overall number of persons to be served, service delivery method and hours of operation.
  - The Organizational Capacity section describes the staffing, qualifications and ongoing staff development/training activities, and relevant experience of the provider organization to support the project.

### ***Detail***

- Includes the program's Objectives and their Tasks.

## **Attachment D: Payment and Reporting Schedule**

- Contains information about Advances, Recoupment, Claiming Schedules, and Reporting Provisions, including frequency of reporting and vouchering for payment

# Contract Development Process

Once a Service Provider is awarded a new contract with BRIA, there are several steps that must take place in order to execute the contract.



## Award Notification

When a Service Provider’s proposal has been selected to receive a contract award, the Service Provider is sent an award letter via e-mail, signed by OTDA’s Commissioner. The award letter specifies the program for which the contract is being awarded, the “up to” amount of the award, and the term of the contract. It also indicates the BRIA Program Manager who should be contacted with any questions or concerns. Concurrently, Service Providers that submitted proposals and were not selected to receive awards are sent a letter from the Director of BRIA.

## Welcome Packet

Soon after a Service Provider receives an award letter, they will receive a Welcome Packet via email from the BRIA Program Manager. The packet will contain the following documents:

### *Welcome Letter*

The Welcome Letter indicates the dates and dollar amount of the contract term and first budget period. It also refers the Service Provider to the attached Conditions. A due date is printed on the letter that specifies when the documents must be completed in Grants Gateway.

### *Conditions*

While the Welcome Letter provides a summary, the Conditions contain more explicit instructions for preparing the draft contract in Grants Gateway. The Conditions outline any revisions that must be made to the **Work Plan** originally submitted in response to the RFP, as a result of the award amount. As explained above, the Work Plan will become **Attachment C** of the contract.

The Conditions also request the Service Provider to complete **Attachment B Performance Based Budget Summaries** to reflect the first budget period and contract term awards.

The Conditions may also request the revision or completion of other required forms.

### **Internal Review**

When the awarded Service Provider has satisfied the requirements put forth in the Welcome Letter and Conditions, the documents are uploaded to Grants Gateway by the due date indicated on the Welcome Letter.

The Program Manager subsequently assembles a **Draft Contract** in Grants Gateway that includes the Master Contract for Grants Standard Terms and Conditions and all other attachments previously described. Various OTDA bureaus conduct **Internal Review** of the draft contract in Grants Gateway.

### **Service Provider Review and Signature**

Once the draft contract is approved internally at OTDA, the Program Manager notifies the **Service Provider Agency Contact** (Executive Director or similar) that the draft contract is ready for his/her review, approval and signature in Grants Gateway.

If the Service Provider wishes to request any changes to the draft contract, they will work with the Program Manager to do so. In most cases, OTDA approval of the requested changes must be obtained again in order to move forward.

Once the Service Provider reviews and approves the draft contract, they must electronically sign it in Grants Gateway.

### **External Review and Signature**

After the Service Provide Agency Contact electronic signature, the Program Manager notifies the OTDA Bureau of Contract Management (BCM) that the contract is ready for external review. OTDA BCM reviews, electronically signs and assigns a contract number. It is then reviewed and electronically signed by the New York State Office of the Attorney General. Lastly, it is reviewed and electronically signed by the Office of the State Comptroller.

## **Execution**

Execution of a contract occurs when each of the three aforementioned offices have approved the draft contract and sign and date it in Grants Gateway. When this is complete, the draft contracts become final. The Program Manager formally notifies the awarded Service Provider that the contract has been executed and they may access an executed copy of it in Grants Gateway.

It is important to note, Service Providers that choose to operate the awarded program before a contract is executed, are operating at risk, even if the contract development process goes beyond the start-date of the contract period.

## **Freedom of Information Law (FOIL)**

Service Providers may request to view documents related to the application and award process through the Freedom of Information Law (FOIL). FOIL (Public Officers Law Article 6) is New York State's principal statute on providing for public access to government records. The Records Access Officer is responsible for ensuring appropriate state agency response to public requests for access to records.

If you wish to access a record under FOIL, you must make your request in writing. Please be as specific as possible in describing the records in which you are interested. Within five business days of the receipt of a written request, OTDA will send a written acknowledgement that the request was received. Please send your inquiry via mail, fax or e-mail to:

Records Access Officer  
New York State Office of Temporary and Disability Assistance  
40 North Pearl, 16th floor  
Albany, NY 12243  
FAX: (518) 486-6935  
E-mail: [nyspio@otda.ny.gov](mailto:nyspio@otda.ny.gov)

## Contract Amendments

A Service Provider may request to amend portions of their contract. Some examples of common amendments include changes to the Attachment B Performance Based Budget, or changes to the Attachment C Work Plan. Many Service Providers choose to request to amend their contracts in order to reflect the actual work they are performing during the contract term, and to accommodate changes in staff, clients' needs, populations or other trends.

Immediately preceding the beginning of each new budget period of a contract term, the Program Manager sends budget period award letters to Service Providers, and requests the submission of the Attachment B Performance Based Budget for the upcoming period, and any other documentation that must be updated. Amendment requests should be submitted at the time the Service Provider responds to this request for documents. Amendment requests must be accompanied with a narrative justification of the proposed changes. The amendment must go through internal and external review as necessary.