

## 5.) SUBMISSION DOCUMENTS

**RESPONSE TO  
REQUEST FOR PROPOSAL (RFP) #10-030  
NEW YORK STATE EDUCATION DEPARTMENT**

**Title: Regional Support for the School and Preschool Supportive Health Services Programs (SSHSP)**

To respond to the RFP, which is noted above, you must complete all the documents that are contained in this package, signing each individual document as required. Attach any other pertinent information that responds to the information requested in the RFP and mail the documents by the due date that is stated on the cover of the RFP, in a sealed envelope labeled:

Submit each of the following documents in separately sealed envelope:

- Technical Proposal labeled **Technical Proposal - RFP #10-030 Do Not Open**
- Cost Proposal labeled **Cost Proposal – RFP #10-030 Do Not Open**
- CD-ROM containing technical/ cost proposal labeled **CD-ROM– RFP #10-030 Do Not Open**
- M/WBE Documents labeled **M/WBE Documents—RFP #10-030 Do Not Open**

To:

**NYS Education Department  
Bureau of Fiscal Management  
Contract Administration Unit  
Attn: Richard P. Duprey RFP# 10-030  
89 Washington Avenue, Room 505W EB  
Albany, NY 12234**

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**Response Sheet for Bids**

**Please complete the bidder section on this sheet even if you choose not to bid.** Read the detailed specifications, terms, and conditions, and submit this form along with your completed bid form and supporting materials.

**Agency and Bid-Delivery Information**

Bids may not be faxed. To ensure the confidentiality of your bid before the bid opening, enclose your bid within an envelope labeled

**Bid Proposal #10-030  
DO NOT OPEN**

Place this sealed envelope within another envelope labeled with the delivery information.

**Bidder Information—Please Complete This Section**

Please complete the following even if you are choosing not to bid; responses must be legible. By signing, you indicate your express authority to sign on behalf of yourself, or your company or other entity and full knowledge and acceptance of the terms and conditions of the bid. You also affirm that you understand and agree to comply with the procedures of the NYSED relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b).

<b><u>Name of Company Bidding</u></b>		<b><u>Employer's Federal Tax ID Number</u></b>		
<b>Address</b>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

**Check one of the following:**

- I certify that my organization has filed its Vendor Responsibility Questionnaire online via the New York State VendRep System and that the current questionnaire was certified within the past six months.
- I am including a completed paper copy of the Vendor Responsibility Questionnaire with the bid proposal.
- My entity is exempt based on the OSC listing.
- My proposal is less that \$100,000, therefore a questionnaire is not required.
- Other, explanation:  
\_\_\_\_\_

I am not submitting a bid. (Please complete and submit this sheet only; in addition, please indicate why you have chosen not to bid.) \_\_\_\_\_

<b>Bidder's Signature</b>	<i>Date</i>	<i>E-mail</i>
	<i>Phone</i>	<i>Fax</i>

**Print Name as Signed and Title**

The New York State Education Department reserves the right to request any additional information deemed necessary to properly review bids.

**NON-COLLUSION CERTIFICATION**

In accordance with Section 139-d of the State Finance Law and paragraph 7 of Appendix A (Standard Clauses for NYS Contracts), the bidder hereby affirms, under penalty of perjury:

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his knowledge and belief:

- (1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
- (2) Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and
- (3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

The person signing on behalf of the bidder further affirms that he/she is authorized and responsible for signing this certificate.

Company Name: \_\_\_\_\_

Printed Name and Title of Authorized Representative:

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Proposal: \_\_\_\_\_

Commodity: \_\_\_\_\_

**MacBride Certification**

**"NONDISCRIMINATION IN EMPLOYMENT IN NORTHERN IRELAND:  
MacBRIDE FAIR EMPLOYMENT PRINCIPLES**

In accordance with Chapter 807 of the laws of 1992 the bidder, by submission of this bid, certifies that it or any individual or legal entity in which the bidder holds a 10% or greater ownership, or any individual or legal entity that holds a 10% or greater ownership in the bidder, either:

(Answer Yes or No to one or both of the following, as applicable)

1. Has business operations in Northern Ireland:

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes:

2. Shall take lawful steps in good faith to conduct any business operations they have in Northern Ireland in accordance with the MacBride Fair Employment Principles relating to nondiscrimination in employment and freedom of workplace opportunity regarding such operations in Northern Ireland, and shall permit independent monitoring of compliance with such principles.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Company Name: \_\_\_\_\_

Printed Name and Title of Authorized Representative:

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Proposal: \_\_\_\_\_

Commodity: \_\_\_\_\_

**CERTIFICATION – OMNIBUS PROCUREMENT ACT OF 1992**

The Omnibus Procurement Act of 1992 requires that by signing this RFP/bid proposal, contractors certify that whenever the total bid amount is greater than \$1 million:

1. The contractor has made reasonable efforts to encourage the participation of New York State Business Enterprises as suppliers and subcontractors on this project, and has retained the documentation of these efforts to be provided upon request to the State;
2. The contractor has complied with the Federal Equal Opportunity Act of 1972 (P.L. 92-261), as amended;
3. The contractor agrees to make reasonable efforts to provide notification to New York State residents of employment opportunities on this project through listing any such positions with the Job Service Division of the New York State Department of Labor; or providing such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The contractor agrees to document these efforts and to provide said documentation to the State upon request;
4. The contractor acknowledges notice that New York State may seek to obtain offset credits from foreign countries as a result of this contract and agrees to cooperate with the State in these efforts.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Required Assurances****CERTIFICATIONS REGARDING LOBBYING;  
DEBARMENT, SUSPENSION AND OTHER  
RESPONSIBILITY MATTERS; AND DRUG-FREE  
WORKPLACE REQUIREMENTS**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance

**1. LOBBYING**

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 34 CFR Part 82, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 34 CFR Part 82, Sections 82.105 and 82.110, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-grants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

**2. DEBARMENT, SUSPENSION, AND OTHER  
RESPONSIBILITY MATTERS**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 34 CFR Part 85, for prospective participants in primary covered transactions, as defined at 34 CFR Part 85, Sections 85.105 and 85.110--

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or

with certification requirements under 34 CFR Part 82, "New Restrictions on Lobbying," and 34 CFR Part 85, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Education determines to award the covered transaction, grant, or cooperative agreement.

State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (2)(b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transaction (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

**3. DRUG-FREE WORKPLACE  
(GRANTEES OTHER THAN INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610 -

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about:

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Director, Grants Policy and Oversight Professional, U.S. Department of Education, 400 Maryland Avenue, S.W. (Room 3652, GSA Regional Office Building No. 3), Washington, DC 20202-4248. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, and zip code)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check  if there are workplaces on file that are not identified here.

**DRUG-FREE WORKPLACE  
(GRANTEES WHO ARE INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.610-

A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Director, Grants Policy and Oversight Professional, Department of Education, 400 Maryland Avenue, S.W. (Room 3652, GSA Regional Office building No. 3), Washington, DC 20202-4248. Notice shall include the identification number(s) of each affected grant.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications. The applicant will provide immediate written notice to the NYSED Contract Administration Unit if at any time the applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

NAME OF APPLICANT	PR/AWARD NUMBER AND / OR PROJECT NAME
PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
SIGNATURE	DATE
CONTRACT YEAR	CONTRACT NUMBER

Instructions: The attached form is to be completed and submitted by the individual or entity seeking to enter into a Procurement Contract. It shall be submitted to the State Education Department.

**Offerer Disclosure of Prior Non-Responsibility Determinations**

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

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name and Title of Person Submitting this Form: \_\_\_\_\_

\_\_\_\_\_

Contract RFP Number: \_\_\_\_\_

Date: \_\_\_\_\_

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

No Yes

If yes, please answer the next questions:

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

No Yes

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

No Yes

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

Governmental Entity: \_\_\_\_\_

Date of Finding of Non-responsibility: \_\_\_\_\_

Basis of Finding of Non-Responsibility: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Add additional pages as necessary)

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

No Yes

6. If yes, please provide details below.

Governmental Entity: \_\_\_\_\_

Date of Termination or Withholding of Contract: \_\_\_\_\_

Basis of Termination or Withholding: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Add additional pages as necessary)

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

By: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Mandatory Requirements Certification Form**

**Regional Support for the School and Preschool Supportive Health Services Programs (SSHSP)**

By signing this form, the undersigned agrees it can provide or meet all of the requirements listed below. If the vendor fails to meet any of these mandatory requirements, its proposal will be disqualified and removed from further consideration.

Bidders must identify a project manager for the contract and supply a resume of the project manager with their bid proposals.

***Mandatory Requirements will be met as follows:***

<b><i>(Please clearly document how this proposal meets each mandatory requirement) Requirement</i></b>	<b><i>Education/Experience</i></b>	<b><i>Other</i></b>	<b><i>Name of staff person (if appropriate)</i></b>	<b><i>As supported in this proposal on page(s)</i></b>
1				
2				

**Proposals that do not include the signed Mandatory Requirements Certification will be disqualified and removed from further consideration.**

<b>Signature</b>		<b>Date</b>	
<b>Printed Name</b>			
<b>Title</b>			
<b>Company Name</b>			
<b>Company Address</b>			

## **Technical Assistance Center (TAC) Certification**

### **Regional Support for the School and Preschool Supportive Health Services Programs (SSHSP)**

1. The TAC agrees to provide a substantial amount of the contract through direct services by its employees and not to subcontract with third parties. In those instances where a subcontract is required to satisfy the mission of the TAC, the subcontract must be for the provision of direct support to the activities of the TAC.
2. All tasks and activities required to be provided by the TAC will be explicitly listed in each contract. Changes in scope, amount, period or budget are subject to review by the Contract Administration Unit and may also require an amendment approved by the Office of the State Comptroller.
3. TACs will be reimbursed for allowable expenses that are actual, reasonable and necessary as authorized in the contract and based on documentation specified by Fiscal Management and described in each contract.
4. The TAC must file a program performance report that must identify achievement towards specific activities and objectives listed in the contract to be approved by the Deputy Commissioner and filed with the final payment.
5. The TAC must include an initial disclosure statement listing the names of owners and employees who are former State Education Department employees and any subcontractors used whose business is owned by former Education Department employees. Failure to comply will be grounds for withholding payments and/or termination of the contract. If awarded a contract, amended disclosure statements must be submitted as changes occur.
6. The TAC will not hire employees to work directly for this Department or any other State agency nor may TAC staff be directly supervised by Department staff.
7. The TAC will not allow the Department to direct the hiring of or participate in hiring TAC staff beyond requiring that the TAC provide staff with certain required education and skills as specified in the solicitation document.

Note, Department staff or Department advisory council members may meet with the TAC to plan, discuss goals and objectives and to monitor outcomes.

8. TACs will not allow the Department to direct the TAC to enter into subcontracts with specific contractors.
9. The TAC will not procure a Department sponsored or co-sponsored conference. TAC staff may assist with administrative tasks associated with running the conference (i.e. registration, mailings, etc.).
10. TACs may provide services that directly benefit local education agencies and their staff, parents, students, teachers or other appropriate Department customers. Appropriate activities include: training and staff development; technical assistance through on-site visits, distance learning techniques, and/or written or verbal communications; evaluations; and the dissemination of information needed by the constituency served to achieve goals and standards established by the Commissioner and the Board of Regents.
11. TACs are prohibited from making purchases for the direct use or benefit of the Department or any other State agency or any member of their staff. This includes, but is not limited to, equipment, travel, supplies and materials, leasing space, contractual services etc. TACs may not enter into subcontracts that provide direct services to the Department.
12. Allowable costs will be detailed in the contract. Allowable travel expenses may not exceed the amounts allowed by NYS Travel Guidelines. Allowable costs of training seminars or conferences will be limited to necessary trainers and their expenses, meeting rooms,

supplies and materials incidental to the training, and light beverages and snacks for breaks. Meals will be allowed when the training necessarily requires a full day (6 hours of actual training time). The maximum reimbursable amount will be based on the Federal meal rates used by NYS for travel reimbursement. The maximum allowable lunch reimbursement will be 50% of the full Meals and Incidental Expenses (M & IE) rate plus an 18% gratuity. The full M & IE rate is the sum of the full per diem amount for breakfast and dinner. The rates can be found at the following web site <http://www.gsa.gov/portal/category/21287> : Note, the amounts claimed must be actual expenses incurred. The per diems are maximums. Exceptions to these limitations require the prior approval of the Deputy Commissioner and the CFO.

13. Unallowable costs include, but are not limited to, gifts, contributions, alcoholic beverages, entertainment and expenses that violate the State's Ethics Law.

**Note: During periods of fiscal stress in the State, costs that are otherwise allowable such as meals may be prohibited.**

Proposals that do not include this signed certification will be disqualified and removed from further consideration.

I certify that the contractor will comply with all of the above requirements for a Technical Assistance Center.

Contractor Name

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Signature

---

Title

---

Company Name

---

Date

---

**This form, bearing an original signature, must be returned to the NYS Education Dept. along with your Technical Proposal.**

**Technical Assistance Center (TAC) First Year Budget (Whole Dollar Figures Only)  
January 1, 2012-June 30, 2013**

**RFP#10-030 Regional Support for the School and Preschool Supportive Health Services Programs (SSHSP)**

Description	FTE	Salary	Total
1. SALARIES: Include all staff attributable to this agreement. One full-time equivalent (FTE) equals one person working an entire week, each week of the project. Express partial FTE's in decimals, e.g., a teacher working one day per week equals .2 FTE.			
<b>1. Total Salaries</b>			

	# of Days	Total
<b>2. PURCHASED SERVICES – Non-Employees. Include consultants (indicate per diem rate), rentals, tuition, and other contractual services.</b>		
<b>Consultants (including travel, etc.)</b>		
<b>2. Total Purchased Services</b>		

<b>3. SUPPLIES &amp; MATERIALS, PRINTING—All equipment items having a unit value of less than \$5,000 should be reported here.</b>	<b>Amount</b>
<b>3. Total Supplies &amp; Materials, Printing Costs</b>	

<b>4. TRAVEL EXPENSES (Employee travel)</b>	<b>Amount</b>
<b>4. Total Travel Expenses</b>	

<b>5. EMPLOYEE BENEFITS &amp; OTHER COSTS</b>	<b>Amount</b>
<b>5. Total Employee Benefits &amp; Other Costs</b>	

<b>TOTAL DIRECT COSTS</b>	
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<b>6. INDIRECT COST:</b>	
<b>Direct Cost Base – Sum of all preceding subtotals (1-5) excluding the portion of each subcontract in #2 that exceeds \$25,000.</b>	
<b>Approved Indirect Cost Rate ___ %</b>	
<b>6. Total Indirect Cost</b>	

<b>7. PURCHASED SERVICES WITH BOCES:</b>			
<b>Description of Services</b>	<b>Name of BOCES</b>	<b>Calculation of Cost</b>	<b>Expenditure</b>
<b>7. Total Purchased Services with BOCES</b>			

<b>8. EQUIPMENT:</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total</b>
<b>8. Total Equipment</b>			

<b>GRAND TOTAL FOR YEAR ONE</b>	
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Subcontracting is limited to 40% of non-employee direct personal services and related incidental expenses, including travel.

**New York State Education Department  
Regional Support for the School and Preschool Supportive Health Services Programs (SSHSP)  
TAC Budget Summaries for Years 2012—2015 and 3.5 Year Total (Whole Dollar Figures Only)**

<b>Category</b>	<b>1/1/12- 6/30/13</b>	<b>7/1/13- 6/30/14</b>	<b>7/1/14- 7/1/15</b>	<b>3.5 Year Grand Total</b>
<b>1. Salaries</b>				
<b>2. Purchased Services</b>				
<b>3. Supplies and Materials, Printing Costs</b>				
<b>4. Travel</b>				
<b>5. Employee Benefits and Other Costs</b>				
<b>6. Indirect Costs</b>				
<b>7. Purchased Services with BOCES</b>				
<b>8. Equipment</b>				
<b>Total</b>				

**The financial criteria portion of the RFP will be based on the 3 year grand total.**

<b>Vendor Signature</b>	
<b>Printed Name</b>	
<b>Company Name</b>	
<b>Company Address</b>	

**Subcontracting Form**  
New York State Education Department

**Regional Support for the School and Preschool Supportive Health Services Programs (SSHSP)**

Subcontracting For First 18 months

Name of Subcontractor	M/WBE	Work Description & Estimated Hours/Days	Projected Cost

\*Indicate with an "X" which subcontractors are M/WBE.

Total Subcontracting Cost	Total Project Budget	Percent of Subcontracting to Total Budget

Subcontracting	1/1/12-6/30/13	7/1/13-6/30/14	7/1/14-7/1/15	Grand Total Subcontracting For 3.5 Years

Subcontracting is limited to forty percent (40%) of the annual contract budget.

**Regional Support for the School and Preschool Supportive Health Services Programs (SSHSP)  
M/WBE Subcontractor/Supplier Form New York State Education Department  
M/WBE Purchases for Year One (Whole Dollar Figures Only)**

**Table 1-- Minority Business Enterprise**

Name of Vendor	Type of Services or Supplies	Cost
<b>Total First 18 month MBE Costs</b>		
<b>Total First 18 month Budget</b>		
<b>Total First 18 month MBE Costs divided by Total Year 1 Budget for non-personal services (%)</b>		

**Table 2-- Women-Owned Business Enterprise**

Name of Vendor	Type of Services or Supplies	Cost
<b>Total First 18 month WBE Costs</b>		
<b>Total First 18 month Budget</b>		
<b>Total First 18 month WBE Costs divided by Total First 18 month Budget for non-personal services (%)</b>		

M/WBE Purchases For 3.5 Years				
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M/WBE Purchases (3.5 Years)	1/1/12-6/30/13	7/1/13-6/30/14	7/1/14-7/1/15	3.5 Year Grand Total
<b>% MBE Purchases to Budget for non-personal services</b>				
<b>% WBE Purchases to Budget for non-personal services</b>				

# **M/WBE Documents**

**M/WBE COVER LETTER**

**Minority & Woman-Owned Business Enterprise Requirements**

**NAME OF FIRM** \_\_\_\_\_

In accordance with the provisions of Article 15-A of the NYS Executive Law, 5 NYCRR Parts 140-144, Section 163 (6) of the NYS Finance Law and Executive Order #8 and in fulfillment of the New York State Education Department (NYSED) policies governing Equal Employment Opportunity and Minority and Women-Owned Business Enterprise (M/WBE) participation, it is the intention of the New York State Education Department to provide real and substantial opportunities for certified Minority and Women-Owned Business Enterprises on all State contracts. It is with this intention the NYSED has assigned M/WBE participation goals to this contract.

In an effort to promote and assist the participation of certified M/WBEs as subcontractors and suppliers on this project for the provision of services and materials, the bidder is required to comply with NYSED’s participation goals. The goals are 17% Minority Business Enterprise (MBE) and 12% Women-Owned Business Enterprise (WBE). These participation goals shall be applicable to the contract as a whole and will be monitored by NYSED M/WBE Program Unit for compliance.

Bidders are required to respond to the participation goals by completing and submitting **M/WBE 100**, Utilization Plan, **M/WBE 102**, Notice of Intent to Participate and **EEO 100**, Staffing Plan in this RFP or at [www.oms.nysed.gov/fiscal/MWBE/forms.html](http://www.oms.nysed.gov/fiscal/MWBE/forms.html).

By my signature on this Cover Letter, I certify that I am authorized to bind the Bidder’s firm contractually.
Typed or Printed Name of Authorized Representative of the Firm
Typed or Printed Title/Position of Authorized Representative of the Firm
Signature/Date

**M/WBE UTILIZATION PLAN**

**INSTRUCTIONS:** All bidders submitting responses to this procurement must complete this M/WBE Utilization Plan and submit it as part of their proposal. The plan must contain detailed description of the services to be provided by each Minority and/or Women-Owned Business Enterprise (M/WBE) identified by the bidder.

Bidder's Name \_\_\_\_\_

Telephone: \_\_\_\_\_

Address \_\_\_\_\_

Federal ID No.: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Solicitation No.: \_\_\_\_\_

Certified M/WBE	Classification (check all applicable)	Description of Work (Subcontracts/Supplies/Services)	Annual Dollar Value of Subcontracts/Supplies/Services
NAME ADDRESS CITY, ST, ZIP PHONE/E-MAIL FEDERAL ID No.	NYS ESD Certified  MBE _____ WBE _____		\$ _____
NAME ADDRESS CITY, ST, ZIP PHONE/E-MAIL FEDERAL ID No.	NYS ESD Certified  MBE _____ WBE _____		\$ _____

PREPARED BY (Signature) \_\_\_\_\_ DATE \_\_\_\_\_

**SUBMISSION OF THIS FORM CONSTITUTES THE BIDDER'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-1, 5 NYCRR PART 143 AND THE ABOVE REFERENCE SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR PROPOSAL DISQUALIFICATION.**

NAME AND TITLE OF PREPARER: \_\_\_\_\_

(print or type)

TELEPHONE/E-MAIL \_\_\_\_\_

DATE \_\_\_\_\_

**M/WBE 100**

REVIEWED BY _____	DATE _____
UTILIZATION PLAN APPROVED YES/NO _____	DATE _____
NOTICE OF DEFICIENCY ISSUED YES/NO _____	DATE _____
NOTICE OF ACCEPTANCE ISSUED YES/NO _____	DATE _____

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

RFP#10-030

INSTRUCTIONS: Part A of this form must be completed and signed by the Bidder/Contractor. Parts B & C of this form must be completed by MBE and/or WBE subcontractors/suppliers. The bidder/contractor must submit a separate M/WBE Notice of Intent to Participate form for each MBE or WBE as part of the proposal.

Bidder Name: \_\_\_\_\_ Federal ID No.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Authorized Representative of Bidder's Firm \_\_\_\_\_  
Print or Type Name and Title of Authorized Representative of Bidder's Firm

Date: \_\_\_\_\_

**PART B - THE UNDERSIGNED INTENDS TO PROVIDE SERVICES OR SUPPLIES IN CONNECTION WITH THE ABOVE PROCUREMENT:**

Name of M/WBE: \_\_\_\_\_ Federal ID No.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ E-mail: \_\_\_\_\_

**BRIEF DESCRIPTION OF SERVICES OR SUPPLIES TO BE PERFORMED BY MBE OR WBE:**

**DESIGNATION:**  MBE Subcontractor  WBE Subcontractor  MBE Supplier  WBE Supplier

**PART C - CERTIFICATION STATUS (CHECK ONE):**

The undersigned is a certified M/WBE by the New York State Division of Minority and Women-Owned Business Development (MWBD).

The undersigned has applied to New York State's Division of Minority and Women-Owned Business Development (MWBD) for M/WBE certification.

**THE UNDERSIGNED IS PREPARED TO PROVIDE SERVICES OR SUPPLIES AS DESCRIBED ABOVE AND WILL ENTER INTO A FORMAL AGREEMENT WITH THE BIDDER CONDITIONED UPON THE BIDDER'S EXECUTION OF A CONTRACT WITH THE NEW YORK STATE EDUCATION DEPARTMENT.**

The estimated dollar amount of the agreement \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative of M/WBE Firm

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or Typed Name and Title of Authorized Representative

**EQUAL EMPLOYMENT OPPORTUNITY - STAFFING PLAN-Instructions on Page 2**

Bidder Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID No.: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Solicitation No: \_\_\_\_\_

Report includes:

Reporting Entity: \_\_\_\_\_

Work force to be utilized on this contract

Contractor

Contractor/Subcontractor's total work force

Subcontractor - Name: \_\_\_\_\_

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

EEO - Job Categories	Total Work Force	Race/Ethnicity - report employees in only one category																	
		Hispanic or Latino		Not-Hispanic or Latino															
				Male					Female										
		Male	Female	White	African-American or Black	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races	Disabled	Veteran	White	African-American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races	Disabled	Veteran
Executive/Senior Level Officials and Managers																			
First/Mid-Level Officials and Managers																			
Professionals																			
Technicians																			
Sales Workers																			
Administrative Support Workers																			
Craft Workers																			
Operatives																			
Laborers and Helpers																			
Service Workers																			
TOTAL																			

PREPARED BY (Signature): \_\_\_\_\_

DATE: \_\_\_\_\_

NAME AND TITLE OF PREPARER: \_\_\_\_\_

TELEPHONE/EMAIL: \_\_\_\_\_

(print or type)

## STAFFING PLAN INSTRUCTIONS

General Instructions: All Bidders and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (EEO 100) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's or subcontractor's total work force, the Bidder shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's or subcontractor's total work force, the Bidder shall complete this form for the contractor's or subcontractor's total work force.

### Instructions for Completing:

1. Enter the Solicitation number that this report applies to, along with the name, address, and federal ID number of the Bidder.
2. Check off the appropriate box to indicate if the work force being reported is just for the contract or the Bidder's total work force.
3. Check off the appropriate box to indicate if the Bidder completing the report is the contractor or subcontractor.
4. Enter the total work force by EEO job category.
5. Break down the total work force by gender and race/ethnic background and enter under the heading Race/Ethnicity. Contact the Designated Contact(s) for the solicitation if you have any questions.
6. Enter the name, title, phone number and/or email address for the person completing the form. Sign and date the form in designated areas.

### RACE/ETHNIC IDENTIFICATION

For purposes of this form NYSED will accept the definitions of race/ethnic designations used by the federal Equal Employment Opportunity Commission (EEOC), as those definitions are described below or amended hereafter. (Be advised these terms may be defined differently for other purposes under NYS statutory, regulatory, or case law). Race/ethnic designations as used by the EEOC do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. The race/ethnic categories for this survey are:

- **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.
- **Disabled** - Any person who has a physical or mental impairment that substantially limits one or more major life activity; has a record of such an impairment; or is regarded as having such an impairment
- **Vietnam Era Veteran** - a veteran who served at any time between and including January 1, 1963 and May 7, 1975.

### EEO 100

RFP#10-030