

**STATEWIDE CPR, FIRST AID AND AED TRAINING AND CERTIFICATION RFP**  
**ADMINISTRATIVE PROPOSAL REQUIREMENTS**  
**BIDDER ATTESTATION**

<b>A. Bidder Information</b> Provide information for the Bidder's Primary Contact with regard to the proposal submitted.
Entity Legal Name:
Primary Contact Name:
Street Address:
City, State, ZIP Code:
Telephone Number:
Primary Contact Email Address:
Taxpayer Employer Identification Number (EIN):
NYS Vendor Identification Number, if enrolled (see RFP Section 3.1.14):

<b>B. Bidder's Acknowledgement of Minimum Qualification Requirements (See RFP Section 3.2)</b>	
REQUIREMENT	RESPONSE
The Bidder has seven (7) years demonstrated experience in providing CPR, First Aid, and AED Instructor training.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide how the Bidder meets this requirement:	
The Bidder has previously provided CPR and AED Instructor training to a NYS agency, at least regionally, or to a NYC agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide name of NYS agency or NYC agency that the Bidder provided CPR and AED Instructor training, and include any relevant details:	

C. Bidder's Acknowledgement of Administrative Proposal Requirements (NOTE: Alteration of any language contained in this section may render your proposal non-responsive.)	
REQUIREMENT	RESPONSE*
The Bidder is willing and able to comply with New York laws with respect to foreign (non-New York) corporations.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Bidder is willing and able to obtain an errors and omissions insurance policy providing a prudent amount of coverage for the willful or negligent acts, or omissions of any officers, employees or agents thereof and provide proof of Workers Compensation and Disability Insurance and a Certificate of Insurance in accordance with Contractor's Insurance Requirements set forth in Appendix C of the RFP.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Bidder has read and understands the conditions for utilizing subcontractors and affirms that work performed by any subcontractor will be in accordance with Section 6.7 of the RFP.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Bidder affirms that the costs set forth in the Pricing Proposal are firm costs that are binding and irrevocable for a period of not less than 180 days from the date of proposal submission.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Bidder has read and understands the provisions of this RFP inclusive of all Appendices, Attachments and Exhibits thereto, and agrees to be bound by all of the terms and conditions therein.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Bidder has reviewed and understands each addendum to the RFP. (See RFP Section 1.8, Announcements and Amendments, of the RFP.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Bidder warrants all information provided by the Bidder in connection with submission of a proposal is true and accurate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Bidder has provided the name, title, address, telephone number, and email address of the person authorized to receive Notices with regard to the contract entered into as a result of this procurement. (See RFP Appendix B, Section 15, Notices.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
* A "No" Response in this section may result in disqualification.	

**D. Contract Notice Information**

If different from Primary Contact listed above (see RFP Appendix B, Section 15, Notices).

**Name:**

**Title:**

**Street Address:**

**City, State, ZIP Code:**

**Telephone Number:**

**Email Address:**

By my signature on this Attachment A-1, I certify to the statements made above in Sections B & C and that I am authorized to bind the Bidder contractually. Furthermore, I certify that all information provided in connection with its proposal is true and accurate.

\_\_\_\_\_  
**Typed or Printed Name Authorized Representative of the Bidder**

\_\_\_\_\_  
**Title/Position of Authorized Representative of the Bidder**

\_\_\_\_\_  
**Signature of Authorized Representative of the Bidder**

\_\_\_\_\_  
**Date**

## STATEWIDE CPR, FIRST AID AND AED TRAINING AND CERTIFICATION RFP

### PROPOSAL DOCUMENT CHECKLIST

Bidders are required to submit separate Administrative, Technical and Cost Proposals. Each proposal must be clearly labeled and sealed separately; however, the envelopes may be delivered in the same package.

This checklist is provided to assist Bidders in ensuring the required documents are included in their submission.

ENVELOPE 1 – ADMINISTRATIVE PROPOSAL		
DOCUMENT	RFP §	INCLUDED
Attachment A-1 – Administrative Proposal Requirements Bidder Attestation	3.1.1	
Attachment A-2 – Proposal Document Checklist	3.1.2	
Attachment A-3 – Procurement Lobbying Certification of Compliance	3.1.3	
Attachment A-4 – Non-Collusive Bidding Certification	3.1.4	
Attachment A-5 – Vendor Responsibility Questionnaire Certification	3.1.5	
Attachment A-6-A – MWBE EEO Policy Statement	3.1.6	
Attachment A-6-B – MWBE Staffing Plan	3.1.6	
Attachment A-6-C – MWBE Utilization Plan	3.1.6	
Attachment A-6-D – MWBE Request for Waiver (if applicable)	3.1.6	
Attachment A-7 – SDVOB Utilization Plan	3.1.7	
Attachment A-8 – Encouraging Use of NYS Businesses	3.1.8	
Attachment A-9 – Vendor Assurance of No Conflict of Interest	3.1.9	
Attachment A-10 – Sexual Harassment Policy Certification	3.1.10	
Attachment A-11 – EO 177 Anti-Discrimination Certification	3.1.11	
<b>REQUIRED UPON CONTRACT AWARD BUT MAY BE SUBMITTED WITH ADMINISTRATIVE PROPOSAL</b>		
Attachment A-12 – Consultant Disclosure Form A, Planned Employment	3.1.12	
Attachment A-13 – Sales and Use Tax Forms ST-220-CA and ST-220-TD	3.1.13	

ENVELOPE 2 – TECHNICAL PROPOSAL		
DOCUMENT	RFP §	INCLUDED
Technical Proposal Narrative, Work Plan	3.3.1; 3.3.3	
Attachment B-1 – Reference Form	3.3.2	
Attachment B-2 – Diversity Practices Questionnaire	3.3.4	

ENVELOPE 3 – PRICING PROPOSAL		
DOCUMENT	RFP \$	INCLUDED
Attachment C – Pricing Proposal	3.4	

**BIDDER:** \_\_\_\_\_

**REPRESENTATIVE SIGNATURE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

## PROCUREMENT LOBBYING LAW CERTIFICATION OF COMPLIANCE

**CONTRACTOR:** \_\_\_\_\_

**CONTRACT NUMBER:** C0SCO0052

**RESTRICTED PERIOD FOR THIS PROCUREMENT:** Until approved by the Office of the State Comptroller (OSC)

**PERMISSABLE CONTACTS:** Alex Rosney, Cindy Isgro

1. CONTACTS – Contractor affirms that it understands and agrees to comply with the procedures on procurement lobbying restrictions regarding permissible contacts in the restricted period for a procurement contract in accordance with State Finance Law (STF) §§ 139-j and 139-k. I agree

2. BIDDER/OFFERER DISCLOSURE OF PRIOR NON-RESPONSIBILITY DETERMINATIONS Pursuant to Procurement Lobbying Law (STF §139-j) –

(a) Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into a procurement contract in the previous four years?

☐ Yes

☐ No

If yes, please answer the following questions –

(b) Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j?

☐ Yes

☐ No

(c) Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a governmental entity?

☐ Yes

☐ No

If yes, please provide details regarding the finding of non-responsibility –

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

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

Basis of Finding of Non-Responsibility: (attach additional sheets if necessary)

(d) Has any 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?

☐ Yes

☐ No

If yes, please provide details –

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

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

Basis of Termination or Withholding: (attach additional sheets if necessary)

3. TERMINATION CLAUSE – Contractor certifies that all information provided to the Agency with respect to State Finance Law § 139-j and 139-k is complete true and accurate. If found to be in violation of State Finance Law §§139-j and 139-k, the contract will result in termination. ☐ I agree

**Contractor/Company Name:** \_\_\_\_\_

**Contractor Address:** \_\_\_\_\_

**Contractor Signature:** \_\_\_\_\_

*I understand that my signature represents that I am signing and responding to both certifications listed above.*

**Print Name:** \_\_\_\_\_

**Occupation of Signer:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**NON-COLLUSIVE BIDDING CERTIFICATION**  
**Required by Section 139-D of NYS Finance Law**

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

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

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

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

Subscribed to under penalty of perjury under the laws of the State of New York, this \_\_\_\_\_ day of \_\_\_\_\_ 2021 as the act and deed of said corporation.

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

By (signature): \_\_\_\_\_

Name (print or type): \_\_\_\_\_

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

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

This form must be signed by an authorized executive or legal representative.



## Office for People With Developmental Disabilities

### VENDOR RESPONSIBILITY QUESTIONNAIRE CERTIFICATION

The submission of the Vendor Responsibility Questionnaire is required. The State recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To be considered timely, questionnaires filed online require that the Bidder certify the questionnaire no more than six (6) months before the proposal due date. To recertify your Questionnaire, log into the VendRep System at <https://onlineservices.osc.state.ny.us/Enrollment/login?0>.

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website at [www.osc.state.ny.us/vendrep/forms\\_vendor.htm](http://www.osc.state.ny.us/vendrep/forms_vendor.htm), from the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672, or by email at [ITServiceDesk@osc.state.ny.us](mailto:ITServiceDesk@osc.state.ny.us).

To enroll in the New York State VendRep System, go to [www.osc.state.ny.us/vendrep/enroll.htm](http://www.osc.state.ny.us/vendrep/enroll.htm). When enrolling in the VendRep System, vendors must provide their New York State Vendor Identification Number. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672, or by email at [ITServiceDesk@osc.state.ny.us](mailto:ITServiceDesk@osc.state.ny.us).

**Please check one of the following:**

A Vendor Responsibility Questionnaire has been filed online and has been certified/updated within the last six (6) months.

A Vendor Responsibility Questionnaire is attached to this proposal.

**Note:** Upon notification of award, the awarded Bidder/Contractor may be required to update/recertify the Vendor Responsibility Questionnaire.

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Signature

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Date

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Name and Title

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Company Name

**ATTACHMENT A-6:**

**EEO and MWBE Program – Forms and Instructions**

**REQUIRED WITH PROPOSAL**

<b>A-6</b>	<b>Contractor Requirements and Procedures for Business Participation Opportunities for EEO and MWBE Program</b>
<b>A-6-A</b>	<b>MWBE EEO Policy Statement</b>
<b>A-6-B</b>	<b>Staffing Plan and Instructions (MWBE 101)</b>
<b>A-6-C</b>	<b>MWBE Utilization Plan and Instructions</b>
<b>A-6-D</b>	<b>MWBE Request for Waiver (if applicable)</b>

**REQUIRED UPON CONTRACT AWARD**

<b>A-6-E</b>	<b>Workforce Utilization Report and Instructions</b>
<b>A-6-F</b>	<b>MWBE Quarterly Subcontracting/Supplier Activity Report</b>
<b>A-6-G</b>	<b>MWBE Quarterly Subcontracting/Supplier Activity Report Business Information Report</b>

## **CONTRACTOR REQUIREMENTS AND PROCEDURES FOR PARTICIPATION BY NEW YORK STATE-CERTIFIED MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES AND EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITY GROUP MEMBERS AND WOMEN**

### **NEW YORK STATE LAW**

Pursuant to New York State Executive Law Article 15-A and Parts 140-145 of Title 5 of the New York Codes, Rules and Regulations ("NYCRR"), the New York State Office for People With Developmental Disabilities (the "OPWDD") 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 the OPWDD contracts.

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

For purposes of this solicitation, the OPWDD hereby establishes an overall goal of 30% for MWBE participation, 30% for New York State-certified Minority-owned Business Enterprise ("MBE") participation and 30% for New York State-certified Women-owned Business Enterprise ("WBE") participation (based on the current availability of MBEs and WBEs). The 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 the OPWDD may withhold payment pursuant to any Contract awarded as a result of this RFP pending receipt of the required MWBE documentation. The MWBE Directory of Certified Firms can be found at: <https://ny.newnycontracts.com>. For guidance on how the OPWDD will evaluate a Contractor's "good faith efforts," refer to 5 NYCRR § 142.8.

The respondent understands that only sums paid to MWBEs for the performance of a commercially useful function, as that term is defined in 5 NYCRR § 140.1, may be applied towards the achievement of the applicable MWBE participation goal. 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% 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 the OPWDD 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, the 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 found at: <https://ny.newnycontracts.com>. Alternatively, the respondent may arrange to provide such evidence via a non-electronic method by contacting the OPWDD MWBE Administrator at [minority.women.business.enterprise@opwdd.ny.gov](mailto:minority.women.business.enterprise@opwdd.ny.gov).

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

- A. An MWBE Utilization Plan with the 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 the OPWDD for review and approval.

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

- B. If a notice of deficiency is issued, the respondent is required to respond to the notice of deficiency within seven (7) business days of receipt by submitting to OPWDD at [minority.women.business.enterprise@opwdd.ny.gov](mailto:minority.women.business.enterprise@opwdd.ny.gov) a written remedy in response to the notice of deficiency. If the written remedy submitted is not timely or is found by the OPWDD to be inadequate, the OPWDD 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 a Request for Waiver Form in a timely manner may be grounds for disqualification of the bid or proposal.

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

- a) If the respondent fails to submit an MWBE Utilization Plan;
- b) If the respondent fails to submit a written remedy to a notice of deficiency;
- c) If the respondent fails to submit a request for waiver; or
- d) If the OPWDD 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 the OPWDD but must be made no later than prior to the submission of a request for final payment on the Contract.

The successful respondent will be required to submit a quarterly MWBE Contractor Compliance & Payment Report to the OPWDD by the 10<sup>th</sup> 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 Requirements**

By submission of a bid or proposal in response to this solicitation, the respondent agrees with all of the terms and conditions of Appendix A – Standard Clauses for All New York State Contracts, including Clause 12 - Equal Employment Opportunities for Minorities and Women. 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 4) to the OPWDD with its bid or proposal.

If awarded a Contract, the respondent shall submit a Workforce Utilization Report and shall require each of its subcontractors to submit a Workforce Utilization Report, in such format as shall be required by the OPWDD on a quarterly basis during the term of the Contract.

**Pursuant to Executive Order #162, Contractors and subcontractors will also be required to report the gross wages paid to each of their employees for the work performed by such employees on the Contract utilizing the Workforce Utilization Report on a quarterly basis.**

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 on the basis 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.**

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

### M/WBE AND EEO POLICY STATEMENT

I, \_\_\_\_\_, the Contractor, agree to adopt the following policies with respect to the project being developed or services rendered at 44 Holland Avenue, Albany, NY 12229.

#### **M/WBE**

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

- (1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.
- (2) Request a list of State-certified M/WBEs from OPWDD and solicit bids from them directly.
- (3) Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.
- (4) Where feasible, divide the work into smaller portions to enhanced participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.
- (5) Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. The Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.
- (6) Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that, if legally permissible, bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

#### **EEO**

- (a) This organization will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.
- (b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex disability or marital status.
- (c) At the request of the contracting OPWDD, this organization shall request each employment OPWDD, labor union, or authorized representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.
- (d) The Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non- discrimination provisions. The Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.
- (e) This organization will include the provisions of sections (a) through (d) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

Agreed to this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

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

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

\_\_\_\_\_ is designated as the Minority Business Enterprise Liaison  
Name of Designated Liaison  
responsible for administering the Minority and Women-Owned Business Enterprises-Equal Employment  
Opportunity (M/WBE-EEO) program.

**M/WBE Contract Goals**

30 percent Minority and Women's Business Enterprise Participation

15 percent Minority Business Enterprise Participation

15 percent Women's Business Enterprise Participation

\_\_\_\_\_  
Authorized Representative

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

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

**STAFFING PLAN**

Submit with Bid or Proposal – Instructions on next page

<b>Solicitation No.:</b>	<b>Reporting Entity:</b>	<b>Report includes Contractor's/Subcontractor's:</b> <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Total work force
<b>Offeror's Name:</b>		<input type="checkbox"/> Offeror <input type="checkbox"/> Subcontractor <b>Subcontractor Name:</b> _____
<b>Offeror's Address:</b>		

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

EEO-Job Category	Total Work force	Work force by Gender		Work force by Race/Ethnic Identification													
		Total Male (M)	Total Female (F)	White (M) (F)		Black (M) (F)		Hispanic (M) (F)		Asian (M) (F)		Native American (M) (F)		Disabled (M) (F)		Veteran (M) (F)	
Officials/Administrators																	
Professionals																	
Technicians																	
Sales Workers																	
Office/Clerical																	
Craft Workers																	
Laborers																	
Service Workers																	
Temporary/Apprentices																	
Totals																	
<b>PREPARED BY (Signature):</b>								<b>TELEPHONE NO.:</b>						<b>DATE:</b>			
								<b>EMAIL ADDRESS:</b>									
<b>NAME AND TITLE OF PREPARER (Print or Type):</b>										Submit completed with bid or proposal    MWBE 101 (Rev 03/11)							

## STAFFING PLAN INSTRUCTIONS

**General instructions:** All Offerors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (MWBE 101) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form for the contractor's and/or subcontractor's total work force.

### Instructions for completing:

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

### RACE/ETHNIC IDENTIFICATION

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

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

### OTHER CATEGORIES

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

## **INSTRUCTIONS FOR COMPLETING THE MWBE UTILIZATION PLAN**

As mandated by Article 15-A of the Executive Law and the new subtitle N of 9 NYCRR 540 et seq, the New York State Office for People With Developmental Disabilities (the "OPWDD") has established a goal of 30% participation by New York State Certified Minority and Women owned Business Enterprise (MWBE) as subcontractors/suppliers in this Contract. Contractors must submit the attached MWBE Utilization Plan Form indicating how they will intend to comply with the established goals.

To search the Directory of MWBE Certified Firms, visit the New York State Contract System at: <https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp>

### **Completing the Form:**

The OPWDD will complete all the un-shaded areas including: Agency information, Contract details, and summary of allocation of MWBE utilization and related value.

The Contractor will complete the remaining shaded areas. It is important that the Contractor provide detailed contact information including: name, phone number, and email address.

Within the utilization section of the form, the Contractor must list the names and addresses of all subcontractors or suppliers that will be utilized during this contract.

The following items should be completed for each vendor listed:

- Subcontractor's Federal ID #;
- Subcontractor information as follows:
  - By checking the appropriate boxes, indicate whether subcontractors ("SUB") or Supplier ("SUP"), minority-owned business enterprise "MBE" or women-owned business enterprise "WBE", and if they are NYS Certified.
- Brief description of the work the subcontractor(s) will provide.

Note: Additional sheets may be used if necessary.

MWBE UTILIZATION PLAN

AGENCY NAME

AGENCY CONTACT

AGENCY PHONE

CONTRACTOR NAME AND ADDRESS	CHECK APPROPRIATE BOX		DATE SUBMITTED		TOTAL VALUE OF CONTRACT		
	SUPPLIER		CONTRACTOR FEIN		CONTRACT EFFECTIVE DATES		
	CONTRACTOR						
PROJECT DESCRIPTION	GOALS MBE WBE		JOB NUMBER (IF APPLICABLE)		CONTRACT NUMBER		
MWBE SUBCONTRACTOR/SUPPLIER NAME & ADDRESS	CHECK ONE	SUBCONTRACTOR/SUPPLIER TAXPAYER/FEDERAL ID #	MBE (CHECK)	WBE (CHECK)	NYS CERTIFIED (CHECK)	DESCRIPTION OF WORK	\$ VALUE OF CONTRACT
	SUB SUP		YES NO	YES NO	YES NO		
	SUB SUP		YES NO	YES NO	YES NO		
	SUB SUP		YES NO	YES NO	YES NO		
	SUB SUP		YES NO	YES NO	YES NO		

	\$ AMOUNT	% OF TOTAL
(A) TOTAL CONTRACT BID AMOUNT:		
(B) TOTAL SUBCONTRACTS FOR COMMODITIES AND SERVICES TO MBE'S:		
(C) TOTAL SUBCONTRACTS FOR COMMODITIES AND SERVICES TO WBE'S:		

CONTRACTOR'S ATTESTATION: MY FIRM PROPOSES TO USE THE MWBE'S LISTED ON THIS FORM.			
PREPARED BY (SIGNATURE OF CONTRACTOR)	PRINT NAME OF CONTRACTOR	TELEPHONE NUMBER	DATE

FOR OFFICE USE ONLY
REVIEWED BY:
DATE:
MWBE FIRMS CERTIFIED:
MWBE FIRMS NOT CERTIFIED:

NOTICE: This report is required pursuant to Executive Law; failure to report will result in noncompliance.

# REQUEST FOR WAIVER

<b>INSTRUCTIONS: SEE PAGE 2 OF THIS ATTACHMENT FOR DOCUMENT REQUIREMENTS AND SUBMISSION INSTRUCTIONS.</b>		
<b>Offerer/Contractor Name:</b>	<b>Federal Identification No.:</b>	
<b>Address:</b>	<b>Solicitation/Contract No.:</b>	
<b>City, State and Zip Code:</b>	<b>M/WBE Goals: MBE      %      WBE      %</b>	
<p align="center">By submitting this form and the required information, the Offerer/Contractor certifies that every good faith effort has been taken to promote M/WBE participation pursuant to the M/WBE requirements set forth under the Contract.</p>		
<b>Offeror/Contractor is requesting:</b>  1. <input type="checkbox"/> MBE Waiver – A waiver of the MBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial  2. <input type="checkbox"/> WBE Waiver – A waiver of the WBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial		
<b>PREPARED BY (Signature):</b>  _____  SUBMISSION OF THIS FORM CONSTITUTES THE OFFERER/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW ARTICLE 15-A AND 5 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.	<b>Date:</b>	
<b>Name and Title of Preparer (printed or typed):</b>	<b>Telephone Number:</b>	<b>Email Address:</b>
<b>Submit this form with the bid or proposal.</b> <b>If submitting after award, send the form to:</b>  <b>Attn: MWBE Administrator</b> <b>NYS Office for People With Developmental Disabilities</b> <b>500 Balltown Rd. Bldg. 1</b> <b>Schenectady, NY 12304</b>	<p align="center">***** OPWDD USE ONLY *****</p>	
	<b>REVIEWED BY:</b>	<b>DATE:</b>
	<b>Waiver Granted:</b> <input type="checkbox"/> YES <b>MBE:</b> <input type="checkbox"/> <b>WBE:</b> <input type="checkbox"/>  <input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver <input type="checkbox"/> * Conditional <input type="checkbox"/> Notice of Deficiency Issued _____ <b>*Comments:</b>	

## REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS

**When completing the Request for Waiver Form, please check all boxes that apply. For a waiver to be considered, the Request for Waiver Form must be accompanied by items 1 – 10 listed below, along with all relevant supporting documentation.**

1. A statement setting forth your basis for requesting a partial or total waiver.
2. The names of general circulation, trade association, and M/WBE-oriented publications in which you solicited certified M/WBEs for the purposes of complying with your participation goals.
3. A list identifying the date(s) that all solicitations for certified M/WBE participation were published in any of the above publications.
4. A list of all certified M/WBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified M/WBE participation levels.
5. Copies of notices, dates of contact, letters, and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation if an identical solicitation was made to all certified M/WBEs.
6. Provide copies of responses to your solicitations made by certified M/WBEs.
7. Provide a description of any contract documents, plans, or specifications made available to certified M/WBEs for purposes of soliciting their bids, and the date and manner in which these documents were made available.
8. Provide documentation of any negotiations between you (the Offerer/Contractor) and the M/WBEs undertaken for purposes of complying with the certified M/WBE participation goals.
9. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.
10. Provide the name, title, address, telephone number, and email address of the Offerer/Contractor's representative authorized to discuss and negotiate this waiver request.

**Note: Unless a Total Waiver has been granted, the Offerer/Contractor will be required to submit all reports and documents pursuant to the provisions set forth in the Contract.**

## Instructions for Submitting the Workforce Utilization Report

The Workforce Utilization Report ("Report") is to be submitted on a monthly basis for construction contracts, and a quarterly basis for all other contracts during the life of the Contract to report the actual workforce utilized in the performance of the Contract broken down by job title. When the workforce utilized in the performance of the Contract can be separated out from the Contractor's and/or subcontractor's total workforce, the Contractor and/or subcontractor shall submit a Report of the workforce utilized on the Contract. When the workforce to be utilized on the Contract cannot be separated out from the Contractor's and/or subcontractor's total workforce, information on the Contractor's and/or subcontractor's total workforce may be included in the Report.

Reports are to be submitted electronically using the provided Report worksheet to OPWDD's MWBE Administrator at [minority.women.business.enterprise@opwdd.ny.gov](mailto:minority.women.business.enterprise@opwdd.ny.gov) within ten (10) days following the end of each month or quarter, whichever is applicable.

## Instructions for Completing the Workforce Utilization Report

1. **REPORTING ENTITY:** Check off the appropriate box to indicate if the entity completing the Report is the Contractor or a subcontractor.
2. **FEDERAL EMPLOYER IDENTIFICATION NUMBER:** Enter the Federal Employer Identification Number (FEIN) assigned by the IRS. Contractors utilizing their social security number in lieu of an FEIN should leave this field blank.
3. **CONTRACTOR NAME and CONTRACTOR ADDRESS:** Enter the primary business address for the entity completing the Report.
4. **CONTRACT NUMBER:** Enter the number of the Contract to which the Report applies.
5. **REPORTING PERIOD:** Check off the box that corresponds to the applicable quarterly or monthly reporting period for this Report. Only select one box.
6. **WORKFORCE IDENTIFIED IN REPORT:** Check off the appropriate box to indicate if the workforce being reported is just for the Contract or the Contractor's or subcontractor's total workforce.
7. **OCCUPATION CLASSIFICATIONS and SOC JOB TITLE:** Select the occupation classification and job title that best describes each group of employees performing work on the Contract under columns A and B.
8. **EEO JOB TITLE and SOC CODE:** These fields will populate automatically based upon the Occupation Classifications and SOC Job Titles selected. Do not modify the results generated in these fields.
9. **NUMBER OF EMPLOYEES and NUMBER OF HOURS:** Enter the number of employees and total number of hours worked by such employees for each job title under the columns corresponding to the gender and racial/ethnic groups with which the employees most closely identify.
10. **TOTAL COMPENSATION:** Enter the total compensation paid to all employees for each job code, and each gender and racial/ethnic group, identified in the Report. Contractors and subcontractors should report only compensation for work on the Contract paid to employees during the period covered by the Report. Compensation should include only sums which must be reported in Box 1 of IRS Form W2.
11. **PREPARER'S INFORMATION:** Enter the name and title for the person completing the form, enter the date upon which the Report was completed, and check the box accepting the name entered into the Report as the digital signature of the preparer.

## Race/Ethnic Identification

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

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

## Resources

Information related to SOC and EEO Job Titles and Codes can be found at [www.onetonline.org](http://www.onetonline.org).

If you have questions regarding these requirements, are unsure of the appropriate job titles to include in your Report, or otherwise require assistance in preparing or submitting the Report, please contact OPWDD's MWBE Administrator at [minority.women.business.enterprise@opwdd.ny.gov](mailto:minority.women.business.enterprise@opwdd.ny.gov).

<b>Reporting Period - Select One</b>			
<input type="radio"/> January 1 - March 31		<input type="radio"/> April 1 - June 30	
<input type="radio"/> July 1 - September 30		<input type="radio"/> October 1 - December 31	
<b>Reporting Month - Select One</b>			
<input type="radio"/> January		<input type="radio"/> February	
<input type="radio"/> April		<input type="radio"/> May	
<input type="radio"/> July		<input type="radio"/> August	
<input type="radio"/> October		<input type="radio"/> November	
		<input type="radio"/> March	
		<input type="radio"/> June	
		<input type="radio"/> September	
		<input type="radio"/> December	

**Workforce Identified in Report**

<input type="checkbox"/> Workforce Utilized in Performance of Contract	
<input type="checkbox"/> Contractor/Subcontractor's Total Workforce	

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

[illegible]

**NEW YORK STATE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES  
MWBE CONTRACT COMPLIANCE PROGRAM**

**CONTRACTOR'S QUARTERLY SUBCONTRACTING/SUPPLIER ACTIVITY REPORT  
FOR THE PERIOD OF \_\_\_\_\_**

<b>1. NAME AND ADDRESS</b>	<b>2. PROJECT/CONTRACT GOALS</b>	<b>3. DATE SUBMITTED</b>	<b>4. CONTRACT NO.</b> _____
	MBE _____		<b>JOB NO.</b> _____
	WBE _____		<b>LOCATION/REGION</b> _____
<b>FEDERAL ID/SOCIAL SECURITY NO.*</b>	<b>5. PROJECT WORK DESCRIPTION*</b>	<b>6. CONTRACT EFFECTIVE DATES*</b>	

SUBCONTRACTING/SUPPLIER ACTIVITY REPORT								
7. REPORT SUBCONTRACTOR'S SUPPLIERS AWARDED/PURCHASED THIS QUARTER	# AWARDED THIS PERIOD	AMOUNT AWARDED THIS PERIOD	# AWARDED TO NYS CERTIFIED		TOTAL DOLLAR AMOUNT AWARDED THIS PERIOD TO NYS CERTIFIED		PERCENTAGE	
			MBE	WBE	MBE	WBE	MBE	WBE
<b>DOLLAR RANGE</b> \$0-\$24,000								
\$25,000 +								
<b>TOTAL</b>								

<b>PREPARED BY (SIGNATURE OF CONTRACTOR)</b>	<b>PRINT NAME OF CONTRACTOR</b>	<b>TELEPHONE NO.</b>	<b>DATE</b>

Notice: This report is required by contract specifications. Failure to report will result in noncompliance with contract specifications.

\*Delete information if reported on previous submittal.

**NEW YORK STATE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES**

## LIST OF MWBE

# CONTRACTORS QUARTERLY SUBCONTRACTING/SUPPLIER ACTIVITY REPORT

## CERTIFIED MINORITY & WOMEN OWNED BUSINESS ENTERPRISES UTILIZED

**FOR THE PERIOD OF** \_\_\_\_\_

[illegible]

## NEW YORK STATE SERVICE-DISABLED VETERAN-OWNED BUSINESS PARTICIPATION

### I. Contract Goals

- A. The OPWDD hereby establishes an overall goal of **6 percent** for SDVOB participation, based on the current availability of qualified SDVOBs. For purposes of providing meaningful participation by SDVOBs, the Bidder/Contractor should reference the Directory of New York State Certified SDVOBs found at <https://online.ogs.ny.gov/SDVOB/search>.

Questions regarding compliance with SDVOB participation goals should be directed to OPWDD's SDVOB Administrator at [minority.women.business.enterprise@opwdd.ny.gov](mailto:minority.women.business.enterprise@opwdd.ny.gov).

Additionally, following Contract execution, the Contractor is encouraged to contact the Office of General Services' Division of Service-Disabled Veterans' Business Development (518) 474-2015 or [VeteransDevelopment@ogs.ny.gov](mailto:VeteransDevelopment@ogs.ny.gov) to discuss additional methods of maximizing participation by SDVOBs on the Contract.

- B. The Contractor must document "good faith efforts" to provide meaningful participation by SDVOBs as subcontractors or suppliers in the performance of the Contract (see clause IV below).

### II. SDVOB Utilization Plan

- A. In accordance with 9 NYCRR § 252.2(i), Bidders are required to submit a completed SDVOB Utilization Plan on Form SDVOB 100 with their bid.
- B. The Utilization Plan shall list the SDVOBs that the Bidder intends to use to perform the Contract, a description of the work that the Bidder intends the SDVOB to perform to meet the goals on the Contract, the estimated dollar amounts to be paid to an SDVOB, or, if not known, an estimate of the percentage of Contract work the SDVOB will perform. By signing the Utilization Plan, the Bidder acknowledges that making false representations or providing information that shows a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Any modifications or changes to the agreed participation by SDVOBs after the Contract award and during the term of the Contract must be reported on a revised SDVOB Utilization Plan and submitted to the OPWDD.
- C. The OPWDD will review the submitted SDVOB Utilization Plan and advise the Bidder/Contractor of the OPWDD acceptance or issue a notice of deficiency within 20 days of receipt.
- D. If a notice of deficiency is issued, the Bidder/Contractor agrees that it shall respond to the notice of deficiency, within seven (7) business days of receipt, by submitting to the OPWDD a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by the OPWDD to be inadequate, the OPWDD shall notify the Bidder/Contractor and direct the Bidder/Contractor to submit, within five (5) business days of notification by the OPWDD, a request for a partial or total waiver of SDVOB participation goals on SDVOB 200. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.
- E. The OPWDD may disqualify a Bidder's bid or proposal as being non-responsive under the following circumstances:
- a) If a Bidder fails to submit an SDVOB Utilization Plan;
  - b) If a Bidder fails to submit a written remedy to a notice of deficiency;
  - c) If a Bidder fails to submit a request for waiver; or
  - d) If the OPWDD determines that the Bidder has failed to document good faith efforts.

- F. If awarded a Contract, the Contractor certifies that it will follow the submitted SDVOB Utilization Plan for the performance of SDVOBs on the Contract pursuant to the prescribed SDVOB Contract goals set forth above.
- G. The Contractor further agrees that a failure to use SDVOBs as agreed in the Utilization Plan shall constitute a material breach of the terms of the Contract. Upon the occurrence of such a material breach, the OPWDD shall be entitled to any remedy provided herein, including but not limited to, a finding of Contractor non-responsibility.

### **III. Request for Waiver**

- A. Prior to submission of a request for a partial or total waiver, the Bidder/Contractor shall contact OPWDD's SDVOB Administrator at [minority.women.business.enterprise@opwdd.ny.gov](mailto:minority.women.business.enterprise@opwdd.ny.gov) for guidance.
- B. In accordance with 9 NYCRR § 252.2(m), a Bidder/Contractor that is able to document good faith efforts to meet the goal requirements, as set forth in clause IV below, may submit a request for a partial or total waiver on Form SDVOB 200, accompanied by supporting documentation. A Bidder may submit the request for waiver at the same time it submits its SDVOB Utilization Plan. If a request for waiver is submitted with the SDVOB Utilization Plan and is not accepted by the OPWDD at that time, the provisions of clauses II (C), (D) & (E) will apply. If the documentation included with the Bidder's/Contractor's waiver request is complete, the OPWDD shall evaluate the request and issue a written notice of acceptance or denial within 20 days of receipt.
- C. The Contractor shall attempt to utilize, in good faith, the SDVOBs identified within its SDVOB 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 the OPWDD, but must be made no later than prior to the submission of a request for final payment on the Contract.
- D. If the OPWDD, upon review of the SDVOB Utilization Plan and Monthly SDVOB Compliance Report (SDVOB 101), determines that the Contractor is failing or refusing to comply with the Contract goals and no waiver has been issued in regards to such non-compliance, the OPWDD may issue a notice of deficiency to the Contractor. The Contractor must respond to the notice of deficiency within seven (7) business days of receipt. Such response may include a request for partial or total waiver of SDVOB Contract goals.

Waiver requests should be sent to the OPWDD.

### **IV. Required Good Faith Efforts**

In accordance with 9 NYCRR § 252.2(n), Contractors must document their good faith efforts toward utilizing SDVOBs on the Contract. Evidence of required good faith efforts shall include, but not be limited to, the following:

- A. Copies of solicitations to SDVOBs and any responses thereto.
- B. Explanation of the specific reasons each SDVOB that responded to the Bidders/Contractors' solicitation was not selected.
- C. Dates of any pre-bid, pre-award or other meetings attended by the Contractor, if any, scheduled by the OPWDD with certified SDVOBs whom the OPWDD determined were capable of fulfilling the SDVOB goals set in the Contract.
- D. Information describing the specific steps undertaken to reasonably structure the Contract scope of work for the purpose of subcontracting with, or obtaining supplies from, certified SDVOBs.
- E. Other information deemed relevant to the waiver request.

## **V. Monthly SDVOB Contractor Compliance Report**

In accordance with 9 NYCRR § 252.2(q), the Contractor is required to report Monthly SDVOB Contractor Compliance to the OPWDD during the term of the Contract for the preceding month's activity, documenting progress made towards achieving the Contract SDVOB goals. This information must be submitted using form SDVOB 101 available on the Office of General Services' Division of Service-Disabled Veterans' Business Development's website: <https://ogs.ny.gov/veterans/> and should be completed by the Contractor and submitted to the OPWDD, by the 10th day of each month during the term of the Contract, for the preceding month's activity to OPWDD's SDVOB Administrator at [minority.women.business.enterprise@opwdd.ny.gov](mailto:minority.women.business.enterprise@opwdd.ny.gov).

## **VI. Breach of Contract and Damages**

In accordance with 9 NYCRR § 252.2(s), any Contractor found to have willfully and intentionally failed to comply with the SDVOB participation goals set forth in the Contract, shall be found to have breached the Contract and the Contractor shall pay damages as set forth therein.

All forms are available at: <https://ogs.ny.gov/veterans/>



# Office for People With Developmental Disabilities

## SDVOB UTILIZATION PLAN

☐ Initial Plan

☐ Revised plan

Contract/Solicitation# \_\_\_\_\_

**INSTRUCTIONS:** This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each NYS Certified Service-Disabled Veteran-Owned Business (SDVOB) under the Contract. By submission of this Plan, the Bidder/Contractor commits to making good faith efforts in the utilization of SDVOB subcontractors and suppliers as required by the SDVOB goals contained in the Solicitation/Contract. Making false representations or providing information that shows a lack of good faith as part of or in conjunction with the submission of a Utilization Plan is prohibited by law and may result in penalties, including but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization. Attach additional sheets if necessary.

BIDDER/CONTRACTOR INFORMATION			SDVOB Goals In Contract	
Bidder/Contractor Name:		NYS Vendor ID:		%
Bidder/Contractor Address (Street, City, State and Zip Code):				
Bidder/Contractor Telephone Number:			Contract Work Location/Region:	
Contract Description/Title:				
CONTRACTOR INFORMATION				
Prepared by (Signature):		Name and Title of Preparer:		Date:
Telephone No.:				
Email Address:				
<i>If unable to meet the SDVOB goals set forth in the Solicitation/Contract, the Bidder/Contractor must submit a request for waiver using the SDVOB Waiver Form.</i>				
SDVOB Subcontractor/Supplier Name:				
Please identify the person you contacted:		Federal ID No.:		Telephone No.:
Address:		Email Address:		
Detailed Description of work to be provided by subcontractor/supplier:				
Dollar Value of subcontracts/supplies/services (when \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%				
SDVOB Subcontractor/Supplier Name:				
Please identify the person you contacted:		Federal ID No.:		Telephone No.:
Address:		Email Address:		
Detailed Description of work to be provided by subcontractor/supplier:				
Dollar Value of subcontracts/supplies/services (when \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%				

FOR NEW YORK STATE OPWDD USE ONLY				
OPWDD Authorized Signature:		<input type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
Name (Please Print):	SDVOB %/\$ _____	_____	Date Received:	Date Processed:
Comments:				
<b>NYS CERTIFIED SDVOB SUBCONTRACTOR/SUPPLIER INFORMATION:</b> The Directory of New York State Certified SDVOBs can be found and searched at: <a href="https://online.ogs.ny.gov/SDVOB/search">https://online.ogs.ny.gov/SDVOB/search</a> <i>Note: All listed subcontractors/suppliers will be contacted and verified by OPWDD.</i>				

# ADDITIONAL SHEET

Bidder/Contractor Name:	Contract/Solicitation# _____
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SDVOB Subcontractor/Supplier Name:		
Please identify the person you contacted:	Federal ID No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____ %		
SDVOB Subcontractor/Supplier Name:		
Please identify the person you contacted:	Federal ID No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____ %		
SDVOB Subcontractor/Supplier Name:		
Please identify the person you contacted:	Federal ID No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____ %		
SDVOB Subcontractor/Supplier Name:		
Please identify the person you contacted:	Federal ID No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____ %		
SDVOB Subcontractor/Supplier Name:		
Please identify the person you contacted:	Federal ID No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____ %		

## **ENCOURAGING USE OF NEW YORK STATE BUSINESSES IN CONTRACT PERFORMANCE**

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

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

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

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

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

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

Yes      No

If yes, identify New York State businesses that will be used and attach identifying information.

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

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

## VENDOR ASSURANCE OF NO CONFLICT OF INTEREST OR DETRIMENTAL EFFECT

The Firm offering to provide services pursuant to this Contract, as a contractor, joint venture contractor, subcontractor or consultant, attests that its performance of the services outlined in this Contract does not and will not create a conflict of interest with nor position the Firm to breach any other contract currently in force with the State of New York.

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

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

Firms should note that the State recognizes that conflicts may occur in the future because a Firm may have existing or new relationships. The State will review the nature of any such new relationship and reserves the right to terminate the contract for cause if, in its judgment, a real or potential conflict of interest cannot be cured.

Name and Title: \_\_\_\_\_

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

This form must be signed by an authorized executive or legal representative.

**SEXUAL HARASSMENT POLICY CERTIFICATION**

State Finance Law §139-I requires bidders on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training to all its employees and that such policy, at a minimum, meets the requirements of State Labor Law §201-g.

By submission of this Bid, each Bidder and each person signing on behalf of any Bidder certifies, and in the case of a joint bid each party thereto certifies its own organization, under penalty of perjury, that the Bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy shall, at a minimum, meet the requirements of Section 201-g of the Labor Law.

Please mark the applicable box below and complete the following sections, as required.

☐ The Bidder certifies its compliance with State Finance Law §139-I.

☐ The Bidder cannot certify its compliance with State Finance Law §139-I.

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

By (signature): \_\_\_\_\_

Name (print/type): \_\_\_\_\_

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

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

If the Bidder cannot make the above certification, the Bidder must provide a statement detailing the reasons:

This form must be signed by an authorized executive or legal representative.

**EXECUTIVE ORDER 177 ANTI-DISCRIMINATION CERTIFICATION**

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

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

Generally, the Human Rights Law applies to:

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

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

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

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

By (signature): \_\_\_\_\_

Name (print/type): \_\_\_\_\_

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

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

This form must be signed by an authorized executive or legal representative.

## CONSULTANT DISCLOSURE REPORTING REQUIREMENTS

### CONTRACTOR INSTRUCTIONS

#### **Background**

Pursuant to New York State Finance Law Section 163(4)(g), state agencies must require all contractors, including subcontractors, that provide consulting services for State purposes pursuant to a contract to submit an annual employment report for each such contract, such report to include for each employment category within the contract: (i) the number of employees employed to provide services under the contract, (ii) the number of hours they work, and (iii) their total compensation under the contract. Consulting services are defined as analysis, evaluation, research, training, data processing, computer programming, engineering, environmental, health, and mental health services, accounting, auditing, paralegal, legal, or similar services.

Contractors selected for award on the basis of a procurement issued by the Office of the State Comptroller (OSC) (Request for Proposals, Mini-Bid, or Invitation for Bids) must complete **Form A, State Consultant Services – Contractor’s Planned Employment from Contract Start Date through the End of the Contract Term** upon notification of award. The completed **Form A** must include information for all employees that will be providing services under the contract, whether employed by the contractor or by a subcontractor.

Contractors selected for award are also required to complete **Form B, State Consultant Services Contractor’s Annual Employment Report** annually for each year of the contract term, on a State fiscal year basis. The first report is due on May 15 for the period April 1 through March 31.

Form A must be submitted to OPWDD as the contracting agency, and Form B must be submitted to OPWDD (as the contracting agency), the Department of Civil Service (DCS), and the Consultant Reporting Section of the Bureau of Contracts at OSC, at the addresses provided in these instructions.

**Form A, State Consultant Services – Contractor’s Planned Employment from Contract Start Date through the End of the Contract Term** and **Form B, State Consultant Services Contractor’s Annual Employment Report**, are attached to these instructions. Please see these instructions for further information regarding completion and submission of the forms.

#### **INSTRUCTIONS**

##### **FORM A:**

**Upon notification of contract award, use Form A, State Consultant Services Contractor’s Planned Employment From Contract Start Date Through the End of the Contract Term**, attached to these instructions, to report the necessary planned employment information prospectively from the start date through the end of the contract term. This is a one-time reporting requirement.

Complete **Form A** for contracts for consulting services in accordance with the following:

- **Employment category:** the specific occupation(s), as listed in the O\*NET occupational classification system, which best describe the employees anticipated to be providing services under the contract.  
(Note: Access the O\*NET database, which is available through the US Department of Labor’s Employment and Training Administration, on-line at [www.online.onetcenter.org](http://www.online.onetcenter.org) to find a list of occupations.)
- **Number of employees:** the total number of employees in the employment category anticipated to be employed to provide services under the contract, including part time employees and employees of subcontractors.
- **Number of hours to be worked:** the total number of hours anticipated be worked by the employees in the employment category.
- **Amount payable under the contract:** the total amount payable by the State to the State contractor under the contract, for work by the employees in the employment category, for services provided during the Report Period.

Submit completed **Form A** within 48 hours of notification of selection for award to OPWDD (as the contracting agency) at the address listed below.

**By email:** [contracts@opwdd.ny.gov](mailto:contracts@opwdd.ny.gov)

**By mail:** Connie Blais  
Contract Management Unit  
NYS OPWDD  
44 Holland Avenue, 4<sup>th</sup> Fl.  
Albany, NY 12229

## FORM B:

Use **Form B, State Consultant Services Contractor's Annual Employment Report**, attached to these instructions, to report the annual employment information required by State Finance Law. This form will capture historical information, detailing actual employment data for the most recently concluded State fiscal year (April 1 – March 31). Submit **Form B** to OPWDD (as the contracting Agency), the Department of Civil Service (DCS), and to the Consultant Reporting Section of the Bureau of Contracts at OSC at the addresses listed below.

Complete **Form B** for contracts for consulting services in accordance with the following:

- **Scope of Contract:** a general classification of the single category that best fits the predominate nature of the services provided under the contract.
- **Employment Category:** the specific occupation(s), as listed in the O\*NET occupational classification system, which best describe the employees providing services under the contract.

(Note: Access the O\*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at [www.online.onetcenter.org](http://www.online.onetcenter.org) to find a list of occupations.)

- **Number of Employees:** the total number of employees in the employment category employed to provide services under the contract during the Report Period, including part time employees and employees of subcontractors.
- **Number of hours worked:** the total number of hours **worked** during the Report Period by the employees in the employment category.
- **Amount Payable under the Contract:** the total amount paid or payable by the State to the State contractor under the contract, for work by the employees in the employment category, for services provided during the Report Period.

**Submit the completed Form B annually by May 15<sup>th</sup> for each State fiscal year (or portion thereof) the contract is in effect, as follows:**

### To OPWDD (as the contracting Agency):

**By email:** [contracts@opwdd.ny.gov](mailto:contracts@opwdd.ny.gov)

**By mail:** Connie Blais  
Contract Management Unit  
NYS OPWDD  
44 Holland Avenue, 4<sup>th</sup> Fl.  
Albany, NY 12229

### To the Consultant Reporting Section of the Bureau of Contracts at OSC:

**By email:** Send a signed, scanned copy to [CDMOST@osc.ny.gov](mailto:CDMOST@osc.ny.gov)  
**(preferred method)** with "Consultant Disclosure Form B" in the subject line.

**By mail:** Attn: Consultant Reporting  
NYS Office of the State Comptroller  
Bureau of Contracts  
110 State Street, 11<sup>th</sup> Floor  
Albany, NY 12236

### To DCS:

**By email:** Send a signed, scanned copy to [SubmitformB@cs.ny.gov](mailto:SubmitformB@cs.ny.gov)  
**(preferred method)** with "Consultant Disclosure Form B" in the subject line.

**By mail:** Attn: Executive Office  
NYS Department of Civil Service  
Alfred E. Smith Office Building  
Albany, NY 12239

**New York State Consultant Services**  
**Contractor's Planned Employment**  
 From Contract Start Date Through the End of the Contract Term

State Agency Name: NYS Office for People With Developmental Disabilities  
 State Agency Department ID: 3660243 Agency Business Unit: OPD01  
 Contractor Name: Contract Number:  
 Contract Start Date: Contract End Date:

<b>Employment Category</b>	<b>Number of Employees</b>	<b>Number of Hours to be Worked</b>	<b>Amount Payable Under the Contract</b>
Total this Page			
<b>Grand Total</b>			

Page of

Report Period: April 1,            to March 31,

Description of Services Being Provided:

☐ Analysis    ☐ Evaluation    ☐ Research    ☐ Training  
☐ Data Processing    ☐ Computer Programming    ☐ Other IT consulting  
☐ Engineering    ☐ Architect Services    ☐ Surveying    ☐ Environmental Services  
☐ Health Services    ☐ Mental Health Services  
☐ Accounting    ☐ Auditing    ☐ Paralegal    ☐ Legal    ☐ Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this Page	0.00	0.00	\$ 0.00
<b>Grand Total</b>			

(Use additional pages, if necessary)



Department of Taxation and Finance

# Contractor Certification

(Pursuant to Tax Law Section 5-a, as amended,  
effective April 26, 2006)

# ST-220-TD

(4/15)

For information, consult Publication 223, *Questions and Answers Concerning Tax Law Section 5-a* (see *Need help?* below).

Contractor name

Contractor's principal place of business

City

State

ZIP code

Contractor's mailing address (if different than above)

City

State

ZIP code

Contractor's federal employer identification number (EIN)

Contractor's sales tax ID number (if different from contractor's EIN)

Contractor's telephone number

( )

Covered agency or state agency

Contract number or description

Covered agency telephone number

( )

Covered agency address

City

State

ZIP code

Is the estimated contract value over the full term of the contract (but not including renewals) more than \$100,000?

Yes ☐No ☐Unknown at this time ☐

## General information

Tax Law section 5-a, as amended, effective April 26, 2006, requires certain contractors awarded certain state contracts valued at more than \$100,000 to certify to the Tax Department 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 specified period. In addition, contractors must certify to the Tax Department that each affiliate and subcontractor exceeding such sales threshold during a specified period is registered to collect New York State and local sales and compensating use taxes. Contractors must also file Form ST-220-CA, *Contractor Certification to Covered Agency*, certifying to the procuring state entity that they filed Form ST-220-TD with the Tax Department and that the information contained on Form ST-220-TD is correct and complete as of the date they file Form ST-220-CA.

All sections must be completed including all fields on the top of this page, all sections on page 2, Schedule A on page 3, if applicable, and *Individual, Corporation, Partnership, or LLC Acknowledgement* on page 4. If you do not complete these areas, the form will be returned to you for completion.

For more detailed information regarding this form and Tax Law section 5-a, see Publication 223, *Questions and Answers Concerning Tax Law Section 5-a, (as amended, effective April 26, 2006)*. See *Need help?* for more information on how to obtain this publication.

**Note:** Form ST-220-TD must be signed by a person authorized to make the certification on behalf of the contractor, and the acknowledgement on page 4 of this form must be completed before a notary public.

Mail completed form to:

**NYS TAX DEPARTMENT  
DATA ENTRY SECTION  
W A HARRIMAN CAMPUS  
ALBANY NY 12227-0826**

## Privacy notification

New York State Law requires all government agencies that maintain a system of records to provide notification of the legal authority for any request, the principal purpose(s) for which the information is to be collected, and where it will be maintained. To view this information, visit our Web site, or, if you do not have Internet access, call and request Publication 54, *Privacy Notification*. See *Need help?* for the Web address and telephone number.

## Need help?



Visit our Web site at **[www.tax.ny.gov](http://www.tax.ny.gov)**

- get information and manage your taxes online
- check for new online services and features



### Telephone assistance

**Sales Tax** Information Center: (518) 485-2889

To order forms and publications: (518) 457-5431

**Text Telephone (TTY) Hotline** (for persons with hearing and speech disabilities using a TTY): (518) 485-5082



**Persons with disabilities:** In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.

I, \_\_\_\_\_, hereby affirm, under penalty of perjury, that I am \_\_\_\_\_  
(name) (title)  
of the above-named contractor, and that I am authorized to make this certification on behalf of such contractor.

**Complete Sections 1, 2, and 3 below. Make only one entry in each section.**

**Section 1 – Contractor registration status**

- ☐ The contractor has 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 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made. The contractor is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to Tax Law sections 1134 and 1253, and is listed on Schedule A of this certification.
- ☐ The contractor has not 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 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

**Section 2 – Affiliate registration status**

- ☐ The contractor does not have any affiliates.
- ☐ To the best of the contractor's knowledge, the contractor has one or more affiliates having 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 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made, and each affiliate exceeding the \$300,000 cumulative sales threshold during such quarters is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to Tax Law sections 1134 and 1253. The contractor has listed each affiliate exceeding the \$300,000 cumulative sales threshold during such quarters on Schedule A of this certification.
- ☐ To the best of the contractor's knowledge, the contractor has one or more affiliates, and each affiliate has not 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 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

**Section 3 – Subcontractor registration status**

- ☐ The contractor does not have any subcontractors.
- ☐ To the best of the contractor's knowledge, the contractor has one or more subcontractors having 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 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made, and each subcontractor exceeding the \$300,000 cumulative sales threshold during such quarters is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to Tax Law sections 1134 and 1253. The contractor has listed each subcontractor exceeding the \$300,000 cumulative sales threshold during such quarters on Schedule A of this certification.
- ☐ To the best of the contractor's knowledge, the contractor has one or more subcontractors, and each subcontractor has not 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 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

Sworn to this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
(sign before a notary public)

\_\_\_\_\_  
(title)

**Schedule A – Listing of each entity (contractor, affiliate, or subcontractor) exceeding \$300,000 cumulative sales threshold**

List the contractor, or affiliate, or subcontractor in Schedule A only if such entity exceeded the \$300,000 cumulative sales threshold during the specified sales tax quarters. See directions below. For more information, see Publication 223.

A Relationship to contractor	B Name	C Address	D Federal ID number	E Sales tax ID number	F Registration in progress

- Column A – Enter **C** in column A if the contractor; **A** if an affiliate of the contractor; or **S** if a subcontractor.
- Column B – Name - If the entity is a corporation or limited liability company, enter the exact legal name as registered with the NY Department of State, if applicable. If the entity is a partnership or sole proprietor, enter the name of the partnership and each partner’s given name, or the given name(s) of the owner(s), as applicable. If the entity has a different DBA (doing business as) name, enter that name as well.
- Column C – Address - Enter the street address of the entity’s principal place of business. Do not enter a PO box.
- Column D – ID number - Enter the federal employer identification number (EIN) assigned to the entity. If the entity is an individual, enter the social security number of that person.
- Column E – Sales tax ID number - Enter only if different from federal EIN in column D.
- Column F – If applicable, enter an X if the entity has submitted Form DTF-17 to the Tax Department but has not received its certificate of authority as of the date of this certification.

**Individual, Corporation, Partnership, or LLC Acknowledgment**

STATE OF                    }  
                              :                   SS.:  
COUNTY OF                }

On the \_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_, before me personally appeared \_\_\_\_\_, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that  
\_ he resides at \_\_\_\_\_,  
Town of \_\_\_\_\_,  
County of \_\_\_\_\_,  
State of \_\_\_\_\_; and further that:

*(Mark an X in the appropriate box and complete the accompanying statement.)*

- ☐ (If an individual): \_he executed the foregoing instrument in his/her name and on his/her own behalf.
- ☐ (If a corporation): \_he is the \_\_\_\_\_  
of \_\_\_\_\_, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, \_he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, \_he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.
- ☐ (If a partnership): \_he is a \_\_\_\_\_  
of \_\_\_\_\_, the partnership described in said instrument; that, by the terms of said partnership, \_he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, \_he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.
- ☐ (If a limited liability company): \_he is a duly authorized member of \_\_\_\_\_  
LLC, the limited liability company described in said instrument; that \_he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, \_he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.

\_\_\_\_\_  
Notary Public

Registration No. \_\_\_\_\_

**Contractor Certification to Covered Agency**

(Pursuant to Section 5-a of the Tax Law, as amended, effective April 26, 2006)

**ST-220-CA**

(12/11)

**For information, consult Publication 223, Questions and Answers Concerning Tax Law Section 5-a (see Need Help? on back).**

Contractor name				For covered agency use only Contract number or description		
Contractor's principal place of business		City	State			ZIP code
Contractor's mailing address (if different than above)						Estimated contract value over the full term of contract (but not including renewals)
Contractor's federal employer identification number (EIN)			Contractor's sales tax ID number (if different from contractor's EIN)			
Contractor's telephone number		Covered agency name				\$
Covered agency address					Covered agency telephone number	

I, \_\_\_\_\_, hereby affirm, under penalty of perjury, that I am \_\_\_\_\_  
(name) (title)

of the above-named contractor, that I am authorized to make this certification on behalf of such contractor, and I further certify that:

(Mark an **X** in only one box)

☐ The contractor has filed Form ST-220-TD with the Department of Taxation and Finance in connection with this contract and, to the best of contractor's knowledge, the information provided on the Form ST-220-TD, is correct and complete.

☐ The contractor has previously filed Form ST-220-TD with the Tax Department in connection with \_\_\_\_\_  
(insert contract number or description)

and, to the best of the contractor's knowledge, the information provided on that previously filed Form ST-220-TD, is correct and complete as of the current date, and thus the contractor is not required to file a new Form ST-220-TD at this time.

Sworn to this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
(sign before a notary public)

\_\_\_\_\_  
(title)

## Instructions

### General information

Tax Law section 5-a was amended, effective April 26, 2006. On or after that date, in all cases where a contract is subject to Tax Law section 5-a, a contractor must file (1) Form ST-220-CA, *Contractor Certification to Covered Agency*, with a covered agency, and (2) Form ST-220-TD with the Tax Department before a contract may take effect. The circumstances when a contract is subject to section 5-a are listed in Publication 223, Q&A 3. See *Need help?* for more information on how to obtain this publication. In addition, a contractor must file a new Form ST-220-CA with a covered agency before an existing contract with such agency may be renewed.

**Note:** Form ST-220-CA must be signed by a person authorized to make the certification on behalf of the contractor, and the acknowledgement on page 2 of this form must be completed before a notary public.

### When to complete this form

As set forth in Publication 223, a contract is subject to section 5-a, and you must make the required certification(s), if:

- The procuring entity is a *covered agency* within the meaning of the statute (see Publication 223, Q&A 5);
- The contractor is a *contractor* within the meaning of the statute (see Publication 223, Q&A 6); and
- The contract is a *contract* within the meaning of the statute. This is the case when it (a) has a value in excess of \$100,000 and (b) is a contract for *commodities* or *services*, as such terms are defined for purposes of the statute (see Publication 223, Q&A 8 and 9).

Furthermore, the procuring entity must have begun the solicitation to purchase on or after January 1, 2005, and the resulting contract must have been awarded, amended, extended, renewed, or assigned *on or after April 26, 2006* (the effective date of the section 5-a amendments).

**Individual, Corporation, Partnership, or LLC Acknowledgment**

STATE OF \_\_\_\_\_ }  
: \_\_\_\_\_ SS.:  
COUNTY OF \_\_\_\_\_ }

On the \_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_, before me personally appeared \_\_\_\_\_, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that \_\_\_\_\_ he resides at \_\_\_\_\_,

Town of \_\_\_\_\_,

County of \_\_\_\_\_,

State of \_\_\_\_\_; and further that:

[Mark an **X** in the appropriate box and complete the accompanying statement.]

☐ (If an individual): \_\_\_\_\_ he executed the foregoing instrument in his/her name and on his/her own behalf.

☐ (If a corporation): \_\_\_\_\_ he is the \_\_\_\_\_ of \_\_\_\_\_, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, \_\_\_\_\_ he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, \_\_\_\_\_ he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

☐ (If a partnership): \_\_\_\_\_ he is a \_\_\_\_\_ of \_\_\_\_\_, the partnership described in said instrument; that, by the terms of said partnership, \_\_\_\_\_ he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, \_\_\_\_\_ he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.

☐ (If a limited liability company): \_\_\_\_\_ he is a duly authorized member of \_\_\_\_\_, LLC, the limited liability company described in said instrument; that \_\_\_\_\_ he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, \_\_\_\_\_ he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Registration No.

**Privacy notification**

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

**Need help?**



Visit our Web site at **[www.tax.ny.gov](http://www.tax.ny.gov)**

- get information and manage your taxes online
- check for new online services and features



**Telephone assistance**

**Sales Tax** Information Center: (518) 485-2889

To order forms and publications: (518) 457-5431

**Text Telephone (TTY) Hotline** (for persons with hearing and speech disabilities using a TTY): (518) 485-5082



**Persons with disabilities:** In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.



**NEW YORK STATE OFFICE OF THE STATE COMPTROLLER**  
**SUBSTITUTE FORM W-9:**  
**REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION**

**TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.**

**Part I: Vendor Information**

1. Legal Business Name:	2. Business name/disregarded entity name, if different from Legal Business Name:
3. Entity Type (Check one only): <input type="checkbox"/> Individual Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Corporation <input type="checkbox"/> Not For Profit <input type="checkbox"/> Trusts/Estates <input type="checkbox"/> Federal, State or Local Government <input type="checkbox"/> Public Authority <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Other _____	
<input type="checkbox"/> <b>Exempt Payee</b>	

**Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type**

1. Enter your TIN here: ( <i>DO NOT USE DASHES</i> ) See instructions.	<table border="1" style="width:100%; height: 25px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									
2. Taxpayer Identification Type (check appropriate box): <input type="checkbox"/> Employer ID No. (EIN) <input type="checkbox"/> Social Security No. (SSN) <input type="checkbox"/> Individual Taxpayer ID No. (ITIN) <input type="checkbox"/> N/A (Non-United States Business Entity)										

**Part III: Address**

1. Remittance Address:	2. Ordering Address:
Number, Street, and Apartment or Suite Number	Number, Street, and Apartment or Suite Number
City, State, and Nine Digit Zip Code or Country	City, State, and Nine Digit Zip Code or Country
	Email Address

**Part IV: Vendor Primary Contact Information – Executive Authorized to Represent the Vendor**

Primary Contact Name: _____	Title: _____
Email Address: _____	Phone Number: _____

**Part V: Certification and Exemption from Backup Withholding**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (TIN), and
2. I am a U.S. citizen or other U.S. person, and
3. (Check one only):  
☐ **I am not subject to backup withholding.** I am (a) exempt from back up withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding), or  
☐ **I am subject to backup withholding.** I have been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, and I have not been notified by the IRS that I am no longer subject to back withholding.

**Sign Here:**

_____ Signature	_____ Title	_____ Date
_____ Print Preparer's Name	_____ Phone Number	_____ Email Address

**DO NOT SUBMIT FORM TO IRS — SUBMIT FORM TO NYS ONLY AS DIRECTED**

## NYS Office of the State Comptroller

### Instructions for Completing Substitute Form W-9

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New York State (NYS) must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. NYS Office of the State Comptroller uses the Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor database and to avoid backup withholding.<sup>1</sup> We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States. You are required to give us the information.

Any payee/vendor who wishes to do business with New York State must complete the Substitute Form W-9. Substitute Form W-9 is the only acceptable documentation. We will not accept IRS Form W-9.

#### ***Part I: Vendor Information***

1. **Legal Business Name:** For individuals, enter the name of the person who will do business with NYS as it appears on the Social Security card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names.
2. **Business name/disregarded entity name, if different from Legal Business Name:** Enter your DBA name or another name your entity is known by.
3. **Entity Type:** Check the Entity Type doing business with New York State.

#### ***Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type***

The TIN provided must match the name in the "Legal Business Name" box to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, refers to IRS W-9 instructions for additional information. For other entities, it is your employer identification number (EIN). If you do not have a number or if the account is in more than one name, refer to IRS W-9 instructions for additional information.

1. **Taxpayer Identification Number:** Enter your nine-digit Social Security Number, Individual Taxpayer Identification Number (ITIN) or Employer Identification Number (EIN).
2. **Taxpayer Identification Type:** Check the type of identification number provided.

#### ***Part III: Address***

1. **Remittance Address:** Enter the address where payments, 1099s, if applicable, and official correspondence should be mailed. This will become the default address.
2. **Ordering Address:** Enter the address where purchase orders should be sent. Please note that purchase orders will be sent via email by default.

#### ***Part IV: Vendor Primary Contact Information***

Please provide the contact information for an executive at your organization. This individual should be the person who makes legal and financial decisions for your organization. Name, phone number and email address are required.

#### ***Part V: Certification and Exemption from Backup Withholding***

Check the appropriate box indicating your exemption status from backup withholding. Individuals and sole proprietors are not exempt from backup withholding. Corporations are exempt from backup withholding for certain types of payments. Refer to IRS Form W-9 instructions for additional information. The signature should be provided by the individual, owner, officer, legal representative, or other authorized person of the entity listed on the form. Certain exceptions to the signature requirement are listed in the IRS instructions for form W-9.

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<sup>1</sup> According to IRS Regulations, OSC must withhold 28% of all payments if a payee/vendor fails to provide OSC its certified TIN. The Substitute Form W-9 certifies a payee/vendor's TIN.



## ELECTRONIC PAYMENT (ePAYMENT) REQUEST

**TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.**

### Part I: Vendor Information

NYS Vendor Number:

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Legal Business Name:

Remittance Address –  
Number, Street, Apartment, Suite Number or Rural Route:

City or Town, State, Zip, Postal Code:

### Part II: Type of ePayment Request

☐

New Enrollment

☐

Change ePayment Bank Information

☐

Cancel ePayments

### Part III: Vendor Certification

**Recovery of Funds Deposited in Error:** In the event that an erroneous electronic payment is sent, the State reserves the right to 'reverse' the electronic payment. In the event that a 'reversal' cannot be implemented, the State will utilize any other lawful means to retrieve payments to which the payee was not entitled.

**I certify that I understand this Electronic Payments authorization, including the Recovery of Funds Deposited in Error, for the State of New York to deposit funds into the designated bank account through an electronic fund transfer. The agreement represented by this authorization remains in effect until cancelled by the payee.**

Authorized Vendor Contact Signature:

Vendor Contact Name (Printed):

Title:

Email Address (Required):

Phone Number:

### Part IV: Financial Institution Information

Name of Financial Institution:

Type of Account:

☐

Savings Account

☐

Checking Account

Bank Routing Number/ABA#:

Account Number: (Only use the number of boxes needed.)

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### Part V: Financial Institution Certification –

**Only completed by financial institution if directing funds to a savings account or if an original voided check is not attached to this form.**

**I certify that the account number is in the name of the payee name above. As a representative of the named financial institution, I certify that this financial institution is ACH capable and agrees to receive and deposit payments to the account shown.**

Institution Officer Signature:

Institution Officer Email Address (Required):

Institution Officer Name (Printed):

Title:

Phone Number:

**SUBMIT FORM TO NYS OFFICE OF THE STATE COMPTROLLER – VENDOR MANAGEMENT UNIT**

**Mail to: 110 State Street Mail Drop 10-4,  
Albany, NY 12236-0001**

## NYS Office of the State Comptroller

### Instructions for Electronic Payment (ePayment) Request

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**Please Note:** For your protection, we will not accept email or fax to enroll or change electronic payment information. Failure to provide the requested information may delay or prevent the receipt of payments through the Electronic Payment (ePayment) Program.

**Notification Required under Personal Privacy Protection Law:** The information provided on this form is required under Section 109 of the New York State Finance Law, as well as the New York State and Federal tax laws (See New York State Tax Law § 674, 26 USC §6041). This information will be provided only to the designated financial institution(s) and/or their agent(s) for the purpose of processing payments, and for other official business of the Office of the State Comptroller. No further disclosure of this information will be made unless such disclosure is authorized or required by law. The information provided is maintained in New York State's Statewide Financial System by the Vendor Management Unit within the Bureau of State Expenditures, Office of the State Comptroller, 110 State Street, Albany, New York 12236.

#### Part I: NYS Vendor Information

**Vendor ID (Required):** The NYS Vendor ID is a ten-character identifier issued by the Vendor Management Unit when the vendor is registered in the Vendor File.

**Legal Business Name (Required):** The name of the person or business as it appears on the Social Security card or other required Federal tax documents. Do not abbreviate names.

**Remittance Address:** The Remittance Address is the default address where payments will be delivered if the payment fails to process electronically.

#### Part II: Type of ePayment Request

**Select one of the following options (Required):**

**New Enrollment** – Please complete all information in Part III and IV and attach an original voided check. If you do not attach an original voided check the financial institution must complete Part IV and V.

**Change ePayment Bank Information** – Please complete all information in Part III and IV and attach an original voided check. If you do not attach an original voided check the financial institution must complete Part IV and V.

**Cancel ePayments** – Please complete all information in Part III. To cancel, the payee's authorized vendor contact must provide this form or signed written notification (including all information in Part III) to the address provided on the front of this form. Notification may be submitted via mail, fax (518-402-4212) or email (epayments@osc.state.ny.us).

#### Part III: Vendor Certification

**Authorized Vendor Contact Signature (Required):** The signature of the contact person at the vendor submitting the request. This should be someone who can make financial and/or legal decisions for the entity or the Vendor's Primary Contact on their NYS Vendor Record.

**Vendor Contact Name (Required):** Print the name of the contact person at the vendor. This should be someone who can make financial and/or legal decisions for the entity or the Vendor's Primary Contact on their Vendor Record.

**Title (Required):** Contact's title

**Email Address (Required):** Contact's email address

**Phone Number (Required):** Contact's phone number

#### Part IV: Financial Institution Information

**Name of Financial Institution (Required):** Name of the bank that the account is with.

**Type of Account:** Savings or Checking Account

**Bank Routing Number/ABA# (Required):** Nine-digit number identifying the financial institution the account belongs to.

**Account Number (Required):** Vendor's Bank Account Number

#### Part V: Financial Institution Certification

**Institution Officer Signature (Required):** Signature of the Institution Officer at the bank certifying the banking information provided on this form.

**Institution Officer Name (Required):** Name of the Institution Officer at the bank completing this section of the form.

**Title (Required):** Institution Officer's title

**Phone Number (Required):** Institution Officer's phone number

**Email Address (Required):** Institution Officer's email address