

5.) SUBMISSION DOCUMENTS

**RESPONSE TO
REQUEST FOR PROPOSAL (RFP) #12-020
NEW YORK STATE EDUCATION DEPARTMENT**

Title: Response to Intervention Personnel Development Project

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

Submit each of the following documents in separately sealed envelope:

	Number of copies
Technical Proposal labeled Application - RFP #12-020 Do Not Open	Six copies
Submission Documents labeled Submission Documents - RFP #12-020 Do Not Open	Two copies (one original signed)
Cost Proposal labeled Cost Proposal – RFP # 12-020 Do Not Open	Three copies (one original signed)
M/WBE Documents labeled M/WBE Documents—RFP #12-020 Do Not Open	Three copies (one original signed)
CD-ROM containing technical/ cost proposal, M/WBE and Submission Documents (not the Training Demo) labeled CD-ROM– RFP #12-020 Do Not Open	One copy

To:

**NYS Education Department
Bureau of Fiscal Management
Contract Administration Unit
Attn: Richard Duprey RFP #12-020
89 Washington Avenue, Room 505W EB
Albany, NY 12234**

Checklist RFP #12-020

All bidders must complete the checklist presented below and submit the following forms and required Narrative Information in the order listed in the checklist.

1. SUBMISSION DOCUMENTS PACKAGE (SIGNATURES REQUIRED)

- This checklist**
- Response Sheet to Bids Non-collusion Certification
- MacBride Certification Certification-Omnibus Procurement Act of 1992
- Certifications Regarding Lobbying; Debarment and Suspension; and Drug-Free Workplace Requirements
- Offerer Disclosure of Prior Non-Responsibility Determinations
- NYSED Substitute Form W-9 (If bidder is not yet registered in the SFS centralized vendor file. If registered, insert NYS Vendor ID in "Response Sheet for Bids" Check if not applicable)
- Mandatory Requirements Certification Form TAC Certification
- Vendor Responsibility Questionnaire (Paper submission Electronic filing Not applicable)

2. TECHNICAL PROPOSAL

- Project Description Plan of Operation Resumes

3. COST PROPOSAL PACKAGE (SIGNATURE REQUIRED)

- Year One Cost Proposal (12/1/12-11/30/13) 5 Year Budget Summary
- Subcontracting Form M/WBE Subcontracting/Supplier Form
- Budget Narrative

4. M/WBE DOCUMENTS PACKAGE (SIGNATURES REQUIRED)

- Full Participation Request Partial Waiver Request Total Waiver

	Forms Required		
Type of Form	Full Participation	Request Partial Waiver	Request Total Waiver
M/WBE Cover Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M/WBE 100 Utilization Plan	<input type="checkbox"/>	<input type="checkbox"/>	N/A
M/WBE 102 Notice of Intent to Participate	<input type="checkbox"/>	<input type="checkbox"/>	N/A
EEO 100 Staffing Plan and Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M/WBE 105 Contractor's Good Faith Efforts	N/A	<input type="checkbox"/>	<input type="checkbox"/>
M/WBE 101 Request for Waiver Form and Instructions	N/A	<input type="checkbox"/>	<input type="checkbox"/>

5. CD ROM

Signature: _____

Date: _____

Print Name: _____

Name of Bidder: _____

Response Sheet for Bids

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

Agency and Bid-Delivery Information

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

**Bid Proposal #12-020
DO NOT OPEN**

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

Bidder Information—Please Complete This Section

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

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

Check one of the following:

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

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

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

Print Name as Signed and Title

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

NON-COLLUSIVE BIDDING CERTIFICATION

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

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

(1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;

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

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

A BID SHALL NOT BE CONSIDERED FOR AWARD NOR SHALL ANY AWARD BE MADE WHERE [1], [2], [3] ABOVE HAVE NOT BEEN COMPLIED WITH; PROVIDED HOWEVER, THAT IF IN ANY CASE THE BIDDER(S) CANNOT MAKE THE FORGOING 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 STATEMEMNT.]

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

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

Identifying Data

Name of Potential Contractor _____

Street Address _____

City, State, zip code: _____

Telephone: _____

Name: _____

Title: _____

Signature: _____

Joint or combined bids by companies or firms must be certified on behalf of each participant.

Legal name of person, firm or corporation

Legal name of person, firm or corporation

By: _____

Name

Name

Title

Title

Street Address

City, State, Zip Code

IF BIDDER(S) ARE A PARTNERSHIP, COMPLETE THE FOLLOWING:

NAMES OF PARTNERS OR PRINCIPALS

LEGAL RESIDENCE

IF BIDDER(S) ARE A CORPORATION, COMPLETE THE FOLLOWING:

NAME

LEGAL RESIDENCE

President:

Secretary:

Treasurer:

President:

Secretary:

Treasurer:

MacBride Certification

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

In accordance with section 165 of the State Finance Law, the bidder, by submission of this bid, certifies that it or any individual or legal entity in which the bidder holds a 10% or greater ownership, or any individual or legal entity that holds a 10% or greater ownership in the bidder, either:

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

1. Has business operations in Northern Ireland:

_____ Yes _____ No

If yes:

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

_____ Yes _____ No

Company Name: _____

Printed Name and Title of Authorized Representative:

Signature: _____

Date: _____

Proposal: _____

Commodity: _____

CERTIFICATION – OMNIBUS PROCUREMENT ACT OF 1992

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

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

Name: _____

Title: _____

Company Name: _____

Date: _____

Required Assurances

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

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

1. LOBBYING

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

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

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

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

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

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

A. The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Offerer Disclosure of Prior Non-Responsibility Determinations

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

Address: _____

Name and Title of Person Submitting this Form: _____

Contract RFP Number: _____

Date: _____

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

No Yes

If yes, please answer the next questions:

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

No Yes

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

No Yes

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

Governmental Entity: _____

Date of Finding of Non-responsibility: _____

Basis of Finding of Non-Responsibility: _____

(Add additional pages as necessary)

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

No Yes

6. If yes, please provide details below.

Governmental Entity: _____

Date of Termination or Withholding of Contract: _____

Basis of Termination or Withholding: _____

(Add additional pages as necessary)

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

By: _____ Date: _____

Signature

Name: _____

Title: _____



**NEW YORK STATE EDUCATION DEPARTMENT
 NYSED SUBSTITUTE FORM W-9:
 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION**

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

Part I: Payee/Vendor/Organization Information

AGENCY ID:

1. Legal Business Name:	2. If you use a DBA, please list below:
-------------------------	-----------------------------------------

3. Entity Type (Check one only):

Sole Proprietor
 Partnership
 Limited Liability Co.
 Business Corporation
 Unincorporated Association/Business
 Federal Government
 State Government
 Public Authority
 Local Government
 School District
 Fire District
 Other _____

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

1. Enter your TIN here: *(DO NOT USE DASHES)*

--	--	--	--	--	--	--	--	--	--

2. Taxpayer Identification Type (check appropriate box):

Employer ID No. (EIN)
 Social Security No. (SSN)
 Individual Taxpayer ID No. (ITIN)
 N/A (Non-United States Business Entity)

Part III: Address

1. Physical Address:	2. Remittance 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

Part IV: Certification of CEO or Properly Authorized Individual

Under penalties of perjury, I certify that I am the CEO or properly authorized individual and that the number shown on this form is my correct Taxpayer Identification Number (TIN).

Sign Here:

_____	_____
Signature	Date
_____	_____
Print Name	Phone Number Email Address

Part V: Contact Information – Individual Authorized to Represent the Payee/Vendor/Organization

Contact Person: _____ Title: _____
 (Print Name)

Contact's Email Address: _____ Phone Number: (____) _____

Part VI: Survey of Future Payment Methods

Please indicate all methods of payment acceptable to your organization:

Electronic
 Check
 VISA

**NYS Education Department
Instructions for Completing NYSED Substitute W-9**

The NYS Education Department (NYSED) is using the NYSED Substitute Form W-9 to obtain certification of your TIN in order to facilitate your registration with the SFS centralized vendor file and to ensure accuracy of information contained therein. We ask for the information on the NYSED Substitute Form W-9 to carry out the Internal Revenue laws of the United States.

Any payee/vendor/organization receiving Federal and/or State payments from NYSED must complete the NYSED Substitute Form W-9 if they are not yet registered in the SFS centralized vendor file.

Part I: Payee/Vendor/Organization 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. **DBA (Doing Business As):** Enter your DBA name, if applicable.
3. **Entity Type:** Mark the Entity Type doing business with New York State.

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

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

Part III: Address

1. **Physical Address:** List the location of where your business is physically located.
2. **Remittance Address:** List the location where payments should be delivered.

Part IV: Certification of CEO or Properly Authorized Individual

Please sign, date and print the authorized individual's name, telephone and email address. An email address will facilitate communication and access to Vendor Self Service.

Part V: Contact Information

Please provide the contact information for an individual who is authorized to make legal and financial decisions for your organization. An email address will facilitate communication and access to Vendor Self Service.

Part VI: Survey of Future Payment Methods

Payment methods are needed for informational purposes. To expedite payments, vendors are strongly encouraged to consider accepting payment via VISA credit card.

¹ An ITIN is a nine-digit number used by the United States Internal Revenue Service for individuals not eligible to obtain a Social Security Number, but are required to file income taxes. To obtain an ITIN, submit a completed W-7 to the IRS. The IRS will notify you in writing within 4 to 6 weeks about your ITIN status. In order to do business with New York State, **you must submit IRS Form W-8** along with our NYSED Substitute Form W-9 showing your ITIN. IRS Form W-8 certifies your foreign status. To obtain IRS Forms W-7 and W-8, call 1-800-829-3676 or visit the IRS website at www.irs.gov.

**Mandatory Requirements Certification Form
RFP#12-020 Response to Intervention Personnel Development Project**

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

1. The staffing plan must include a resume for the individual who will serve as the project lead and must include a resume or job description for the additional professional staff person that will serve as a RTI Regional Staff specialist.
 - a. Each Rtl Professional Development Team (PDT) must include:
 - Two full-time individuals, available on 12-month basis, who will each serve as an Rtl Regional PDT Specialist. One specialist must be designated as the project lead, and a resume for the project lead must be included in the staffing plan.
 - b. The Rtl PDT Specialists must meet each of the following minimum qualifications:
 - Master’s degree in education, special education, reading, or psychology;
 - At least three (3) years documented experience in one or more of the following: teaching experience at the elementary level; teaching experience at the middle or secondary level in special education, reading or English language arts; teaching experience at an IHE school administration; literacy coaching; speech/language therapy; or school psychology;
 - Documented experience in the implementation of Rtl strategies and effective practices in a school setting; and
 - Documented experience as a professional development provider, including experience providing information and support through webinars, on-line learning, etc.

Mandatory Requirements will be met as follows:

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

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

Signature		Date	
Printed Name			
Title			
Company Name			
Company Address			

Technical Assistance Center (TAC) Certification

RFP#12-020 Response to Intervention Personnel Development Project

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

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

8. TACs will not allow the Department to direct the TAC to enter into subcontracts with specific contractors.
9. The TAC will not procure a Department sponsored or co-sponsored conference. TAC staff may assist with administrative tasks associated with running the conference (i.e. registration, mailings, etc.).
10. TACs may provide services that directly benefit local education agencies and their staff, parents, students, teachers or other appropriate Department customers. Appropriate activities include: training and staff development; technical assistance through on-site visits, distance learning techniques, and/or written or verbal communications; evaluations; and the dissemination of information needed by the constituency served to achieve goals and standards established by the Commissioner and the Board of Regents.
11. TACs are prohibited from making purchases for the direct use or benefit of the Department or any other State agency or any member of their staff. This includes, but is not limited to, equipment, travel, supplies and materials, leasing space, contractual services etc. TACs may not enter into subcontracts that provide direct services to the Department.
12. Allowable costs will be detailed in the contract. Allowable travel expenses may not exceed the amounts allowed by NYS Travel Guidelines. Allowable costs of training seminars or conferences will be limited to necessary trainers and their expenses, meeting rooms, supplies and materials incidental to the training, and light beverages and snacks for breaks. Meals will be allowed when the training necessarily requires a full day (6 hours of actual training time).

RFP #12-020

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

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

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

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

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

Contractor Name

Signature

Title

Company Name

Date

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

**RFP#12-020 Response to Intervention Professional Development Teams
New York State Education Department P-12: Office of Special Education
Plan of Operation for Year One (12/1/12-11/30/13)**

Directions

For each contract deliverable, please indicate in the attached chart:

- Specific activities to meet contract deliverables,
- Timeline/schedule of implementation, and
- Method of evaluation.

Contract Deliverable: Complete one page for each of the contract deliverables referenced in the Deliverables section of the RFP.

	Specific Activities to Meet Contract Deliverable and sub-deliverables	Timeline/Schedule of Implementation	Method of Evaluation

Attach additional sheets as necessary

Name of Bidder: _____

**RFP #12-020 First Year Detailed Budget
December 1, 2012 - November 30, 2013
USE WHOLE DOLLAR AMOUNTS ONLY**

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

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

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

4. TRAVEL EXPENSES (Employee travel)	Amount
4. Total Travel Expenses	

5. EMPLOYEE BENEFITS & OTHER COSTS	Amount
5. Total Employee Benefits & Other Costs	

TOTAL DIRECT COSTS	
---------------------------	--

6. INDIRECT COST:	
Direct Cost Base – Sum of all preceding subtotals (1-5) excluding Tuition Assistance, Instructional Support, and the portion of each subcontract in #2 that exceeds \$25,000.	
Approved Indirect Cost Rate ___%	
6. Total Indirect Cost	

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

8. EQUIPMENT:	Quantity	Unit Cost	Total
8. Total Equipment			

GRAND TOTAL FOR YEAR ONE	
---------------------------------	--

Subcontracting is limited to 30% of the annual contract budget, excluding tuition assistance.

Name of Bidder: _____

**RFP #12-020 Five Year Budget Summary
USE WHOLE DOLLAR AMOUNTS ONLY**

Category	Year 1	Year 2	Year 3	Year 4	Year 5	Five Year Grand Total
1. Salaries						
2. Purchased Services						
3. Supplies & Materials, Printing						
4. Travel Expenses						
5. Employee Benefits & Other Costs						
6. Indirect Cost						
7. Purchased Services with BOCES						
8. Equipment						
Total						

The financial criteria portion of the RFP will be based on the 5 year grand total.		Date
Vendor Signature		
Printed Name		
Company Name		
Company Address		

The Financial Criteria portion of the RFP will be scored based upon the grand total of the 5 Year Budget Summary.

Subcontracting Form
 New York State Education Department
 (whole dollar figures only)
RFP #12-020

Bidder Name: _____

Subcontracting For Year One

Name of Subcontractor	Entity Type	Work Description & Estimated Hours/Days	Projected Cost
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit		
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit		
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit		
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit		
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit		
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit		
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit		

Subcontracting (5 Years)	Total Year 1	Total Year 2	Total Year 3	Total Year 4	Total Year 5	Grand Total Subcontracting For 5 Years
Percent of Subcontracting to Annual Budget						

Subcontracting is limited to thirty percent (30%) of the annual contract budget, excluding tuition assistance.

New York State Education Department
(whole dollar figures only)

Response to Intervention Personnel Development Project

Bidder Name: _____

RFP #: 12-020

M/WBE Purchases For Year One

Table 1-- Minority Business Enterprise (MBE)

Name of Vendor	Type of Services or Supplies	Cost
Total Year 1 MBE Costs		
Total Year 1 Budget		
Total Year 1 MBE Costs divided by Total Year 1 Budget (%)		

Table 2-- Women-Owned Business Enterprise (WBE)

Name of Vendor	Type of Services or Supplies	Cost
Total Year 1 WBE Costs		
Total Year 1 Budget		
Total Year 1 WBE Costs divided by Total Year 1 Budget (%)		

M/WBE Purchases For Years 1-5

M/WBE Purchases (5 Years)	Year 1	Year 2	Year 3	Year 4	Year 5	Grand Total For 5 Years
% MBE Purchases to Budget						
% WBE Purchases to Budget						

M/WBE Documents

Minority & Woman-Owned Business Enterprise Requirements

NAME OF FIRM _____

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

In an effort to promote and assist in the participation of certified M/WBEs as subcontractors and suppliers on this project for the provision of services and materials, the bidder is required to comply with NYSED’s participation goals through one of the three methods below. Please indicate which one of the following is included with the M/WBE Documents Submission.

- Full Participation – No Request for Waiver (PREFERRED)
- Partial Participation – Partial Request for Waiver
- No Participation – Request for Complete Waiver

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

M/WBE UTILIZATION PLAN

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

Bidder's Name _____

Telephone: _____

Address _____

Federal ID No.: _____

City, State, Zip _____

RFP No.: _____

Certified M/WBE	Classification (check all applicable)	Description of Work (Subcontracts/Supplies/Services)	Annual Dollar Value of Subcontracts/Supplies/Services
NAME ADDRESS CITY, ST, ZIP PHONE/E-MAIL FEDERAL ID No.	NYS ESD Certified MBE _____ WBE _____ <input type="checkbox"/> For Profit <input type="checkbox"/> Not -For-Profit		\$ _____
NAME ADDRESS CITY, ST, ZIP PHONE/E-MAIL FEDERAL ID No.	NYS ESD Certified MBE _____ WBE _____ <input type="checkbox"/> For Profit <input type="checkbox"/> Not -For-Profit		\$ _____

PREPARED BY (Signature) _____ DATE _____

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

NAME AND TITLE OF PREPARER: _____

(print or type)

TELEPHONE/E-MAIL _____

DATE _____

M/WBE 100

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

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

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

Bidder Name: _____ Federal ID No.: _____

Address: _____ Phone No.: _____

City _____ State _____ Zip Code _____ E-mail: _____

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

Date: _____

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

Name of M/WBE: _____ Federal ID No.: _____

Address: _____ Phone No.: _____

City, State, Zip Code _____ E-mail: _____

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

DESIGNATION: MBE Subcontractor WBE Subcontractor MBE Supplier WBE Supplier

PART C - CERTIFICATION STATUS (CHECK ONE):

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

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

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

The estimated dollar amount of the agreement \$ _____

Signature of Authorized Representative of M/WBE Firm

Date

Printed or Typed Name and Title of Authorized Representative

EQUAL EMPLOYMENT OPPORTUNITY - STAFFING PLAN

Instructions on Page 2

Bidder Name: _____
 Address: _____
 City, State, ZIP: _____

Telephone: _____
 Federal ID No.: _____
 RFP No: _____

Report includes:

Reporting Entity: _____

Work force to be utilized on this contract

Contractor

Contractor/Subcontractor's total work force

Subcontractor - Name: _____

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

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

PREPARED BY (Signature): _____

DATE: _____

NAME AND TITLE OF PREPARER: _____

TELEPHONE/EMAIL: _____

(print or type)

STAFFING PLAN INSTRUCTIONS

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

Instructions for Completing:

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

RACE/ETHNIC IDENTIFICATION

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

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

EEO 100

5 NYCRR 142.8 CONTRACTOR'S GOOD FAITH EFFORTS

(a) The contractor must document its good faith efforts toward meeting certified minority- and women-owned business enterprise utilization plans by providing, at a minimum:

- (1) Copies of its solicitations of certified minority- and women-owned business enterprises and any responses thereto;
- (2) If responses to the contractor's solicitations were received, but a certified minority- or woman-owned business enterprise was not selected, the specific reasons that such enterprise was not selected;
- (3) Copies of any advertisements for participation by certified minority- and women-owned business enterprises timely published in appropriate general circulation, trade and minority- or women-oriented publications, together with the listing(s) and date(s) of the publication of such advertisements;
- (4) Copies of any solicitations of certified minority- and/or women-owned business enterprises listed in the directory of certified businesses;
- (5) The dates of attendance at any pre-bid, pre-award, or other meetings, if any, scheduled by the State agency awarding the State contract, with certified minority- and women-owned business enterprises which the State agency determined were capable of performing the State contract scope of work for the purpose of fulfilling the contract participation goals;
- (6) 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 minority- and women-owned business enterprises.

(b) In addition to the information provided by the contractor in paragraph (a) above, the State agency may also consider the following to determine whether the contractor has demonstrated good faith efforts:

- (1) whether the contractor submitted an alternative utilization plan consistent with the subcontract or supplier opportunities in the contract;
- (2) the number of certified minority- and women-owned business enterprises in the region listed in the directory of certified businesses that could, in the judgment of the State agency, perform work required by the State contract scope of work;
- (3) The actions taken by the contractor to contact and assess the ability of certified minority- and women-owned business enterprises located outside of the region in which the State contract scope of work is to be performed to participate on the State contract;
- (4) whether the contractor provided relevant plans, specifications or terms and conditions to certified minority- and women-owned business enterprises sufficiently in advance to enable them to prepare an informed response to a contractor request for participation as a subcontractor or supplier;
- (5) the terms and conditions of any subcontract or provision of suppliers offered to certified minority- or women-owned business enterprises and a comparison of such terms and conditions with those offered in the ordinary course of the contractor's business and to other subcontractors or suppliers of the contractor;
- (6) whether the contractor offered to make up any inability to comply with the certified minority- and women-owned business enterprises goals in the subject State contract in other State contracts being performed or awarded to the contractor; and
- (7) any other information that is relevant or appropriate to determining whether the contractor has demonstrated a good faith effort.

M/WBE CONTRACTOR GOOD FAITH EFFORTS CERTIFICATION (FORM 105)

PROJECT/CONTRACT # _____

I, _____
(Contractor/Vendor)

_____ of _____
(Title) (Company)

_____ (Address) (Telephone Number)

do hereby submit the following as evidence of our good faith efforts to retain certified minority- and women-owned business enterprises:

(1) Copies of its solicitations of certified minority- and women-owned business enterprises and any responses thereto;

(2) If responses to the contractor's solicitations were received, but a certified minority- or woman-owned business enterprise was not selected, the specific reasons that such enterprise was not selected;

(3) Copies of any advertisements for participation by certified minority- and women-owned business enterprises timely published in appropriate general circulation, trade and minority- or women-oriented publications, together with the listing(s) and date(s) of the publication of such advertisements;

(4) Copies of any solicitations of certified minority- and/or women-owned business enterprises listed in the directory of certified businesses;

(5) The dates of attendance at any pre-bid, pre-award, or other meetings, if any, scheduled by the State agency awarding the State contract, with certified minority- and women-owned business enterprises which the State agency determined were capable of performing the State contract scope of work for the purpose of fulfilling the contract participation goals;

(6) 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 minority- and women-owned business enterprises.

(7) Describe any other action undertaken by the bidder to document its good faith efforts to retain certified minority - and women- owned business enterprises for this procurement.

Submit additional pages as needed.

Authorized Representative Signature

Date

M/ WBE CONTRACTOR UNAVAI LABLE CERTI FI CATI ON

RFP# / PROJECT NAME _____

I, _____ (Authorized Representative) _____ (Title) _____ (Bidder's Company)
 _____ (Address) _____ (Phone)

I certify that the following New York State Certified Minority/Women Business Enterprises were contacted to obtain a quote for work to be performed on the abovementioned project/contract.

List of date, name of M/WBE firm, telephone/e-mail address of M/WBEs contacted, type of work requested, estimated budgeted amount for each quote requested.

<u>DATE</u>	<u>M/ WBE NAME</u>	<u>PHONE/ EMAIL</u>	<u>TYPE OF WORK</u>	<u>ESTI MATED BUDGET</u>	<u>REASON</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

To the best of my knowledge and belief, said New York State Certified Minority/Women Business Enterprise contractor(s) was/were not selected, unavailable for work on this project, or unable to provide a quote for the following reasons: Please check appropriate reasons given by each MBE/WBE firm contacted above.

- _____ **A.** Did not have the capability to perform the work
- _____ **B.** Contract too small
- _____ **C.** Remote location
- _____ **D.** Received solicitation notices too late
- _____ **E.** Did not want to work with this contractor
- _____ **F.** Other (give reason) _____

Authorized Representative Signature **Date** **Print Name**



REQUEST FOR WAIVER FORM

BIDDER/CONTRACTOR NAME:	TELEPHONE:
ADDRESS:	EMAIL:
CITY, STATE, ZIPCODE:	FEDERAL ID NO.:
	RFP#/CONTRACT NO.:

INSTRUCTIONS: By submitting this form and the required information, the bidder/contractor certifies that Good Faith Efforts have been taken to promote M/WBE participation pursuant to the M/WBE goals set forth under this RFP/Contract. Please see Page 2 for additional requirements and document submission instructions.

BIDDER/CONTRACTOR IS REQUESTING (check all that apply):	
<input type="checkbox"/> MBE Waiver - A waiver of the MBE goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial _____%	<input type="checkbox"/> WBE Waiver - A waiver of the WBE goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial _____%
<input type="checkbox"/> Waiver Pending ESD Certification (check here if subcontractor or supplier is not certified M/WBE, but an application for certification has been filed with Empire State Development)	
Subcontractor/Supplier Name: _____ Date of application filing: _____	

PREPARED BY (Signature): _____ DATE: _____

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

NAME OF PREPARER: TITLE OF PREPARER: TELEPHONE: EMAIL:	FOR AUTHORIZED USE ONLY REVIEWED BY: _____ DATE: _____ WAIVER GRANTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TOTAL WAIVER <input type="checkbox"/> PARTIAL WAIVER <input type="checkbox"/> ESD CERTIFICATION WAIVER <input type="checkbox"/> NOTICE OF DEFICIENCY <input type="checkbox"/> CONDITIONAL WAIVER COMMENTS: _____ DATE: _____
-----------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------