# FILLABLE ATTACHMENTS

A Bidder’s Certified Statements

B Proposal Document Checklist

C Cost Proposal

D References

F Guide to New York State DOH M/WBE Required Forms & Forms

G Bidder’s Disclosure of Prior Non-Responsibility Determination

H Encouraging Use of New York Businesses in Contract Performance

I No-Bid Form

J Vendor Responsibility Attestation

K Diversity Questionnaire

O Security Attestation

P Software as a Service Attestation

**ATTACHMENT A**

**BIDDER’S CERTIFIED STATEMENTS**

**(To be completed and included in the Administrative Proposal documents)**

|  |
| --- |
| **RFP 15917 – Administration of New York’s Nurse Aide Testing and Certification Program** |
| **1. Information with regard to the Bidder** |
| 1. **Provide the Bidder’s name, address, telephone number, and fax number.** |
| **Name:** Click here to enter text. |
| **Address:** Click here to enter text. |
| **City, State, ZIP Code:** Click here to enter text. |
| **Telephone Number (including area code):** Click here to enter text. |
| **Fax Number (including area code):** Click here to enter text. |
| 1. **Provide the name, address, telephone number, and email address of the Bidder’s Primary Contact with DOH with regard to this proposal.** |
| **Name:** Click here to enter text. |
| **Address:** Click here to enter text. |
| **City, State, ZIP Code:** Click here to enter text. |
| **Telephone Number (including area code):** Click here to enter text. |
| **Email Address:** Click here to enter text. |
| **2. By submitting the bid the Bidder acknowledges and agrees to all of the following:**  **[Please note: alteration of any language contained in this section may render your proposal non-responsive.]** |
| **Bidder certifies that either there is no conflict of interest or that there are business relationships and /or ownership interests for the organization for the above named organization that may represent a conflict of interest for the organization as a bidder and attached to this form is a description of how the potential conflict of interest and/or disclosure of confidential information relating to this contract will be avoided.** |
| **The Bidder certifies that it can and will provide and make available, at a minimum, all services as described in the RFP if selected for award.** |
| **Bidder acknowledges that, should any alternative proposals or extraneous terms be submitted with the proposal, such alternate proposals or extraneous terms will not be evaluated by the DOH.** |
| **Bidder accepts, without any added conditions, qualifications or exceptions, the contract terms and conditions contained in this RFP including any exhibits and attachments.** |
| **The bidder is either registered to do business in NYS, or if formed or incorporated in another jurisdiction than NYS, can provide a Certificate of Good Standing from the applicable jurisdiction or provide an explanation, subject to the sole satisfaction of the Department, if a Certificate of Good Standing is not available, and if selected, the vendor will register to do business in NYS.** |
|  |
| 1. **The Bidder is (check as applicable):** |
| **A New York State Certified Minority-Owned Business Enterprise**  **A New York State Certified Woman-Owned Business Enterprise**  **A New York State Certified Minority and Woman-Owned Business Enterprise (Dual Certified)**  **None of the above** |
| 1. **Provide 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.** |
| **Name:** Click here to enter text. |
| **Title:** Click here to enter text. |
| **Address:** Click here to enter text. |
| **City, State, ZIP Code:** Click here to enter text. |
| **Telephone Number (including area code):** Click here to enter text. |
| **Email Address:** Click here to enter text. |
| 1. **Bidder’s Taxpayer Identification Number:** |
| Click here to enter text. |
| 1. **Bidder’s NYS Vendor Identification Number as discussed in Section 6.1.F, if enrolled:** |
| Click here to enter text. |
| **By my signature on this Attachment A, I certify to the statements made above in Section 2 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 of Authorized Representative of the Bidder** |
| **Title/Position of Authorized Representative of the Bidder** |
| **Signature of Authorized Representative of the Bidder** |
| **Date** |
|  |

**ATTACHMENT B**

**PROPOSAL DOCUMENT CHECKLIST**

**Please reference Section 7.0 for the appropriate format and quantities for each proposal submission.**

|  |  |  |  |
| --- | --- | --- | --- |
| **RFP 15917 – Administration of New York’s Nurse Aide Testing and Certification Program** | | | |
| **FOR THE ADMINISTRATIVE PROPOSAL** | | | |
| **RFP §** | **REQUIREMENT** | | **INCLUDED** |
| **§ 6.1.A** | **M/WBE Participation Requirements:** | |  |
| **Attachment F Form 1** | |  |
| **Attachment F Form 2 (If Applicable)** | |  |
| **§ 6.1.B** | **Attachment G – Disclosure of Prior Non-Responsibility Determinations, completed and signed.** | |  |
| **§ 6.1.C** | **Attachment J- Vendor Responsibility Attestation** | |  |
| **§ 6.1.D** | **Freedom of Information Law – Proposal Redactions (If Applicable)** | |  |
| **§ 6.1.E** | **Attachment A - Bidder’s Certified Statements, completed & signed.** | |  |
| **§ 6.1.F** | **Attachment D - References** | |  |
| **§ 6.1.G** | **Attachment H-Encouraging Use of New York Businesses in Contract Performance** | |  |
| **§ 6.1.H** | **Attachment K-Diversity Practices Questionnaire** | |  |
| **FOR THE TECHNICAL PROPOSAL** | | | |
| **RFP §** | | **REQUIREMENT** | **INCLUDED** |
| **§ 6.2. I** | **Documentation of Bidder’s Eligibility** | |  |
| **§ 6.2. II** | **Technical Proposal Content** | |  |
| **§ 6.2. III** | **Security Plan** | |  |
| **§ 6.2. III** | **Attachment O Security Attestation** | |  |
| **§ 6.2. III** | **Attachment P Software as Service Attestation** | |  |
| **§ 6.2. IV** | **Organization, Staffing, Management** | |  |
| **§ 6.2. V** | **Vita, Resumes, Licenses, Certifications** | |  |
| **FOR THE COST PROPOSAL REQUIREMENT** | | | |
| **RFP §** | **REQUIREMENT** | | **INCLUDED** |
| **§ 6.3** | **Attachment C- Cost Proposal** | |  |

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**ATTACHMENT C**

**COST PROPOSAL**

Procurement Title: A Request for Proposal for Assistance with Administration of New York’s Nurse Aide Testing and Certification Program

RFP#: 15917

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

Bidder should propose fees for each year and each service type in Columns B - F of this Bid Form.

Bidders are reminded to include all contract related expenses into these fees, as these services are the only services for which the awarded bidder can bill the Department.

The annual service volumes are provided in Column G and are **estimates** of work to be performed based on the billable activities performed under the current contract in 2015. These estimates are **not a guarantee** of work to be performed under the new contract.

Fees bid for each service will be used to determine the total five year bid price. Each fee should be the fee that the bidder proposes to charge to the Department of Health for a single unit of service in that category of service in the specified year. For evaluation purposes, the bid’s total cost proposal will be calculated **by the Department** as follows:

* Apply the fee for each year to the annual service volume estimate for that service for annual fee.
* Sum each year’s annual fee per each service to calculate a five-year total per service.
* Sum the five-year total per service for service types a-g to calculate the total bid price.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A**  **SERVICE** | **B**  **Year 1 Fee** | **C**  **Year 2 Fee** | **D Year 3 Fee** | **E Year 4 Fee** | **F**  **Year**  **5 Fee** | **G**  **ANNUAL SERVICE**  **VOLUME**  **ESTIMATES** |
| a. Clinical skills test |  |  |  |  |  | 13.910 |
| b. Written test |  |  |  |  |  | 13,758 |
| c. Oral test |  |  |  |  |  | 248 |
| d. No show |  |  |  |  |  | 2,217 |
| e. Reciprocity/CNA from another state/NYS RNs and LPNs |  |  |  |  |  | 1,502 |
| f. Duplicate certificate or pocket/wallet card |  |  |  |  |  | 559 |
| g. Recertification |  |  |  |  |  | 35,973 |

**ATTACHMENT D**

**REFERENCES**

**Submit a total of THREE references (Section 6.0.F) using this form.**

**Expand fields and duplicate this page as necessary.**

|  |  |  |
| --- | --- | --- |
| **RFP 15917 – Administration of New York’s Nurse Aide Testing and Certification Program** | | |
| **BIDDER:** |  | |
| **Provide the following information for each reference submitted. Fields will expand as you type.** | | |
| **Reference Company #1:** | | Click here to enter text. | |
| **Contact Person:** | | Click here to enter text. | |
| **Address:** | | Click here to enter text. | |
| **City, State, Zip:** | | Click here to enter text. | |
| **Telephone Number:** | | Click here to enter text. | |
| **Email Address:** | | Click here to enter text. | |
| **Number of years Bidder provided services to this entity:** | | Click here to enter text. | |
| **Brief description of the services provided:** | | Click here to enter text. | |
| **Reference Company #2:** | | Click here to enter text. | |
| **Contact Person:** | | Click here to enter text. | |
| **Address:** | | Click here to enter text. | |
| **City, State, Zip:** | | Click here to enter text. | |
| **Telephone Number:** | | Click here to enter text. | |
| **Email Address:** | | Click here to enter text. | |
| **Number of years Bidder provided services to this entity:** | | Click here to enter text. | |
| **Brief description of the services provided:** | | Click here to enter text. | |
| **Reference Company #3:** | | Click here to enter text. | |
| **Contact Person:** | | Click here to enter text. | |
| **Address:** | | Click here to enter text. | |
| **City, State, Zip:** | | Click here to enter text. | |
| **Telephone Number:** | | Click here to enter text. | |
| **Email Address:** | | Click here to enter text. | |
| **Number of years Bidder provided services to this entity:** | | Click here to enter text. | |
| **Brief description of the services provided:** | | Click here to enter text. | |

**ATTACHMENT F**

**NEW YORK STATE DOH M/WBE RFP REQUIRED FORMS**

All DOH procurements have a section entitled **“MINORITY AND WOMEN OWNED BUSINESS ENTERPRISE REQUIREMENTS.”** This section of procurement sets forth the established DOH goal forthat particularprocurement and alsodescribes the forms that should be completed with their bid. Below is a summary of the forms used in the DOH MWBE Participation Program by a bidder.

**Form #1: Bidder MWBE Utilization Plan -** This document should be completed by all bidders responding to RFPs with an MWBE goal greater than zero. The bidder must demonstrate how it plans to meet the stated MWBE goal. In completing this form, the bidder should describe the steps taken to establish communication with MWBE firms and identify current or future relationships with certified MWBE firms. The second page of the form should list the MWBE certified firms that the vendor plans to engage with on the project and the amount that each certified firm is projected to be paid. Plans to work with uncertified firms or women and minority staffed firms do not meet the criteria for participation. The firm must be owned and operated by a Woman and/or Minority and must be certified by NYS Empire State Development to be eligible for participation. If the plan is not submitted or is deemed deficient**,** the bidder may be sent a notice of deficiency. It is mandatory that all awards with goals have a utilization plan on file.

**Form #2: MWBE Utilization Waiver Request -** This document should be filled out by the bidder if the utilization plan (Form #1) indicates less than the stated participation goal for the procurement. In this instance, Form #2 must accompany Form #1 with the bid. If Form #2 is provided and goal was initially set higher, revised goal approval will be necessary from DOB. When completing Form #2, it is important that the bidder thoroughly document the steps that were taken to meet the goal and provide evidence in the form of attachments to the document. The list of bidder generated attachments, documenting the bidder’s good-faith efforts, can be found in the “Detailed Instructions for Completing MWBE Forms 1 & 2”, which is found herein. A bidder can also attach additional evidence outside of those referenced attachments. Without evidence of good-faith efforts, in the form of attachments or other documentation, the Department of Health may not approve the waiver and the bidder may be deemed non-responsive.

New MWBE firms are being certified daily and new MWBE firms may now be available to provide products or services that were historically unavailable. If Form #2 is found by DOH to be deficient, the bidder may be sent a deficiency letter which will require a revised form to be returned within 7 business days of receipt to avoid a finding of non-compliance. DOH may work directly with firm to resolve minor deficiencies via e-mail.

**Form #3:**  **Replaced by Online Compliance System -** <https://ny.newnycontracts.com> Contractors will need to login and submit payments to MWBE Firms in this online system once payments to these vendors commence.

**Form #4 – MWBE Staffing Plan-** This form should be completed based on the composition of staff working on the project. Enter the numbers or counts in the corresponding boxes and add up the totals in each column. This form is for diversity research purposes only and has no bearing on MWBE goal achievement.

**Form #5 – EEO and MWBE Policy Statement** -This is a standard EEO policy that needs to be signed and dated and submitted. If Bidder has their own EEO policy it may be submitted instead of endorsing this document.

**- M/WBE Form #1 -**

**New York State Department of Health**

**M/WBE UTILIZATION PLAN**

|  |  |
| --- | --- |
| **Bidder/Contractor Name:** Click here to enter text. | |
| **Vendor ID:** Click here to enter text. | **Telephone No.**  Click here to enter text.  **Email:** Click here to enter text. |
| **RFP/Contract Title:** Click here to enter text. | **RFP/Contract No.**  Click here to enter text. |

**Description of Plan to Meet M/WBE Goals**

|  |
| --- |
| Click here to enter text. |

**PROJECTED M/WBE USAGE**

|  |  |  |
| --- | --- | --- |
|  | **%** | **Amount** |
| **1. Total Dollar Value of Proposal Bid** | **100** | Click here to enter text. |
| **2. MBE Goal Applied to the Contract** | Click here to enter text. | **$** Click here to enter text. |
| **3. WBE Goal Applied to the Contract** | Click here to enter text. | **$** Click here to enter text. |
| **4. M/WBE Combined Totals** | Click here to enter text. | **$** Click here to enter text. |

“Making false representation or including information evidencing 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 MWBE utilization.”

Form #1 -Page 1 of 3

**- M/WBE Form #1 – cont.**

**New York State Department of Health**

**M/WBE UTILIZATION PLAN**

**MINORITY OWNED BUSINESS ENTERPRISE (MBE) INFORMATION**

**In order to achieve the MBE Goals, bidder expects to subcontract with New York State certified MINORITY-OWNED entities as follows:**

|  |  |  |
| --- | --- | --- |
| **MBE Firm**  **(Exactly as Registered)** | **Description of Work (Products/Services) [MBE]** | **Projected MBE Dollar Amount** |
| **Name**    **Address**    **City, State, ZIP**    **Employer I.D.**    **Telephone Number**  **(****)** **-** |  | **$** |
| **Name**    **Address**    **City, State, ZIP**    **Employer I.D.**    **Telephone Number**  **(   )     -** |  | **$** |
| **Name**    **Address**    **City, State, ZIP**    **Employer I.D.**    **Telephone Number**  **(   )     -** |  | **$** |

Form #1 -Page 2 of 3

**- M/WBE Form #1 – cont.**

**New York State Department of Health**

**M/WBE UTILIZATION PLAN**

**WOMEN OWNED BUSINESS ENTERPRISE (WBE) INFORMATION**

**In order to achieve the WBE Goals, bidder expects to subcontract with New York State certified WOMEN-OWNED entities as follows:**

|  |  |  |
| --- | --- | --- |
| **WBE Firm**  **(Exactly as Registered)** | **Description of Work (Products/Services) [WBE]** | **Projected WBE Dollar Amount** |
| **Name**    **Address**    **City, State, ZIP**    **Employer I.D.**    **Telephone Number**  **(   )     -** |  | **$** |
| **Name**    **Address**    **City, State, ZIP**    **Employer I.D.**    **Telephone Number**  **(   )     -** |  | **$** |
| **Name**    **Address**    **City, State, ZIP**    **Employer I.D.**    **Telephone Number**  **(   )     -** |  | **$** |

Form #1 -Page 3 of 3

**- M/WBE Form #2 –**

**New York State Department of Health**

**Waiver Request**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Offeror/Contractor Name:**  Click here to enter text. | | **Federal Identification No.:**  Click here to enter number. | | |
| **Address:**  Click here to enter text. | | **Solicitation/Contract No.:**  Click here to enter number. | | |
| **City, State, Zip Code:**  Click here to enter text. | | **M/WBE Goal: MBE** %%**% WBE** %%**%**  (From Form #1) | | |
| By submitting this form and the required information, the officer or/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. (Refer to Detailed Form Instructions for Required Attachments to Demonstrate Good Faith Efforts) | | | | |
| **Contractor is requesting a:**  MBE Waiver – A waiver of the MBE Goal for this procurement is requested.  Circle One: Total Partial  WBE Waiver – A waiver of the WBE Goal for this procurement is requested.  Circle One: Total Partial  Waiver Pending ESD Certification – (Check here if subcontractors or suppliers of Contractor are not certified M/WBE, but an application for certification has been filed with Empire State Development.)  Date of such filing with Empire State Development: Click here to enter a date. | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PREPARED BY (Signature) Date:**  SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/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. | | | | |
| **Name and Title of Preparer (Printed or Typed):** | **Telephone Number:** | | **Email Address:** | |
| **Submit with the bid or proposal or if submitting after award submit to:** [**doh.sm.mwbe@health.ny.gov**](mailto:doh.sm.mwbe@health.ny.gov) | | **\*\*\*\*\*\*\*\*\* FOR DMWBD USE ONLY \*\*\*\*\*\*\*\*** | | |
| **REVIEWED BY:** | | **DATE:** |
| **Waiver Granted: YES NO**  **MBE:  WBE:**  **Total Waiver Partial Waiver**  **ESD Certification Waiver \*Conditional**  **Notice of Deficiency Issued**  **\*Comments:** | | |

Form #2 -Page 1 of 1

**- M/WBE Form #4 –**

**New York State Department of Health**

**M/WBE STAFFING PLAN**

**For project staff, consultants and/or subcontractors working on this grant complete the following plan. This has no impact on MWBE utilization goals, or the submitted Utilization Plan - Form#1. This is for diversity research purposes.**

**Contractor Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STAFF** | **Total** | **Male** | **Female** | **Black** | **Hispanic** | **Asian/**  **Pacific**  **Islander** | **Other** |
| **Executive/Senior level Officials** |  |  |  |  |  |  |  |
| **Managers/Supervisors** |  |  |  |  |  |  |  |
| **Professionals** |  |  |  |  |  |  |  |
| **Technicians** |  |  |  |  |  |  |  |
| **Administrative Support** |  |  |  |  |  |  |  |
| **Craft/Maintenance Workers** |  |  |  |  |  |  |  |
| **Laborers and Helpers** |  |  |  |  |  |  |  |
| **Service Workers** |  |  |  |  |  |  |  |
| **Totals** |  |  |  |  |  |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Name and Title)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

Form #4 -Page 1 of 1

**- M/WBE Form #5 –**

**MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES – EQUAL**

**EMPLOYMENT OPPORTUNITY POLICY STATEMENT**

M/WBE AND EEO POLICY STATEMENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the (awardee/contractor)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to adopt the following policies with respect to the project being developed or services rendered at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| M/WBE |

|  |
| --- |
| EEO |

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:

Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.

Request a list of State-certified M/WBEs from AGENCY and solicit bids from them directly.

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.

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.

Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.

Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

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

Name & Title

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

Signature & Date

(a) This organization will not discriminate against any employee or applicant for employment because of race, creed, color, 69

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 agency, this organization shall request each employment agency, 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) Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. 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.

Form #5 -Page 1 of 1

Detailed Instructions for Completing MWBE Forms 1 & 2

**Form#1 – MWBE Utilization Plan**

**Page #1 of Form #1**:

**Description of Plan -** Describe any steps/details that support Bidder/Contractor plan to meet the MWBE goals stated in the procurement/contract.

**Line#1** - **Total Dollar Value of Proposal Bid –** This line should represent the total dollar amount of bid. The total value is eligible for MWBE goal setting.

**Line#2 - MBE Goal Applied to the Contract–** Bidder/Contractor lists the amount to be paid/subcontracted to Certified Minority-owned Business Enterprise(s) and the percentage this amount represents of the Total Dollar Value of Proposal Bid listed on Line #1.

*Example:* If paying two MBE firms $100,000 & $50,000 each and Total Dollar Value of Proposal Bid listed on line #1 is $1,000,000, list 15% and $150,000 on Line #2.

**Line#3** - **WBE Goal Applied to the Contract–** Bidder/Contractor lists the amount paid/subcontracted to Certified Woman-owned Business Enterprise(s) and the percentage this amount represents of the Total Dollar Value of Proposal Bid listed on Line 1 of the “Form #1 MWBE Utilization Plan”.

*Example:* If Bidder/Contractor is paying two WBE firms $50,000 & $100,000 each and the Total Dollar Value of Proposal Bid listed on line#1 is $1,000,000 Bidder/Contractor would list 15% and $150,000 on Line #2 of the Utilization Plan.

**Line#4** - **MWBE Combined Totals –** Total of Line #2 and Line #3. [Line #2 + Line #3 = MWBE Combined Totals]

*Example:* Using the above Line #2 and Line #3 examples for payment data, Bidder/Contractor achieves a combined MWBE % of 30% and a combined MWBE dollar amount of $300,000. (15%M and 15%W; $150,000M + $150,000W). MWBE total/Total dollar value of bid = %.

**Page#2 of Form#1:**

**The first column** (left column): Bidder/Contractor lists any Minority-owned Business Enterprises (MBE) that Bidder/Contractor will be subcontracting with or purchasing from and the MBE contact/company information.

**The second column** (center column): Bidder/Contractor describes what type of work certified MBE will be providing or what product certified MBE will be supplying to Bidder/Contractor.

**Third column** (right column): Bidder/Contractor states the amount to be paid to the certified MBE during the term of the contract. The amount totaled from Page #2 should equal the amount listed on Line #2 of Page #1.

Form Instructions Page 1 of 3

**Page#3 of Form#1:**

**The first column** (left column)**:** Bidder/Contractor lists any Woman-owned Business Enterprises (WBE) that Bidder/Contractor will be subcontracting with or purchasing from and WBE contact/company information.

**The second column** (center column): Bidder/Contractor describes what type of work certified WBE will be providing or what product certified WBE will be supplying to Bidder/Contractor.

**Third column** (right column): Bidder/Contractor states the amount to be paid to the certified WBE during the term of the contract. The amount totaled from Page#3 should equal the amount listed on Line#3 of Page#1.

**Form#2 – MWBE Waiver Request**

“Form#1 MWBE Utilization Plans” that commit to a goal % less than the stated MWBE goal percentage in procurement, must be accompanied by a “Form#2 MWBE Waiver Request”.

A Bidder/Contractor may qualify for a partial or total waiver of the MWBE goal requirements established on a State contract only upon the submission of a waiver form by a Bidder/Contractor, documenting good-faith efforts by the Contractor to meet the goal requirements of the state contract and a consideration of applicable factors. The ability to subcontract with M/WBEs and separately the ability to purchase with M/WBEs must be addressed in attachments on all waiver requests.

Fill out the header with the name of the Bidder/Contractor requesting the waiver under Offeror/Contractor Name, include your Federal Identification ID, Address, Solicitation/Contract Number, and M/WBE Goals.

Check off the appropriate box for the type of waiver that is being requested and whether it is a total or partial waiver. If the waiver is Pending ESD Certification, meaning the subcontractor has applied for certification with Empire State Development, check off that box and state the date that they applied for certification.

Next, and directly below the Pending ESD Certification area, please sign and date the waiver. Provide the name of the preparer as well as a telephone number and email address (Bidder/Contractor direct contact number of person authorized to discuss submission).

The following attachments should also be provided:

* 1. A statement setting forth your basis for requesting a partial or total waiver. The statement should at a minimum include the services being subcontracted out and why a portion of those services cannot be subcontracted to Certified MWBE(s). In addition, statement must also include what purchases of equipment and supplies are being made and why those purchases cannot be provided by certified MWBE(s).
  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 related to this contract.

Form Instructions Page 2 of 3

* 1. A list identifying the date(s) that all solicitations for certified M/WBE participation were published in any of the above publications.
  2. 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.
  3. 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.
  4. Provide copies of responses to your solicitations received by you from certified M/WBEs.
  5. 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.
  6. Provide documentation of any negotiations between you, the Offeror/Contractor, and the M/WBEs undertaken for purposes of complying with the certified M/WBE participation goals.
  7. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.

**\* All attachments are created by the entity requesting the waiver. These are self-generated attachments and are not provided by the agency.**

Form Instructions Page 3 of 3

**ATTACHMENT G**

**BIDDER’S DISCLOSURE OF PRIOR NON-RESPONSIBILITY DETERMINATIONS**

Procurement Title:[Type text]

RFP #: [Type text]

Bidder Name: [Type text]

Bidder Address: [Type text]

Bidder SFS Vendor ID #: [Type text]

Bidder Federal ID#: [Type text]

Affirmations & Disclosures related to State Finance Law §§ 139-j & 139-k:

Offerer/Bidder affirms that it understands and agrees to comply with the procedures of the Department of Health relative to permissible contacts (provided below) as required by State Finance Law §139-j (3) and §139-j (6) (b).

Pursuant to State Finance Law §§139-j and 139-k, this *Invitation for Bid* *or Request for Proposal* includes and imposes certain restrictions on communications between the Department of Health (DOH) and an Offerer during the procurement process. An Offerer/bidder is restricted from making contacts from the earliest notice of intent to solicit *bids/proposals* through final award and approval of the Procurement Contract by the DOH and, if applicable, Office of the State Comptroller (“restricted period”) to other than designated staff unless it is a contact that is included among certain statutory exceptions set forth in State Finance Law §139-j(3)(a). Designated staff, as of the date hereof, is/are identified on the first page of this *Invitation for Bid, Request for Proposal, or other solicitation document.* DOH employees are also required to obtain certain information when contacted during the restricted period and make a determination of the responsibility of the Offerer/bidder pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award and in the event of two findings within a 4 year period, the Offerer/bidder is debarred from obtaining governmental Procurement Contracts. Further information about these requirements can be found on the Office of General Services Website at: <http://ogs.ny.gov/acpl/>

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 check):

No Yes

If yes, please answer the next questions:

1a. Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j (Please check):

No Yes

1b. 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

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1c. If you answered yes to any of the above questions, please provide details regarding the finding of non-responsibility below.

**Governmental Entity:** [Type text]

**Date of Finding of Non-responsibility:** [Type text]

**Basis of Finding of Non-Responsibility:** [Type text]

(Add additional pages as necessary)

2a. 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

2b. If yes, please provide details below.

**Governmental Entity:** [Type text]

**Date of Termination or Withholding of Contract**: [Type text]

Basis of Termination or Withholding: [Type text]

(Add additional pages as necessary)

**Offerer/Bidder certifies that all information provided to the Department of Health with respect to State Finance Law §139-k is complete, true and accurate.**

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

(Officer Signature) (Date)

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

(Officer Title) (Telephone)

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

(e-mail Address)

Attachment G Page 2

**ATTACHMENT H**

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

**I. Background**

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, protégés 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 service 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.

**II. Required Identifying Information**

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

Attachment H Page 1

If yes, identify New York State businesses that will be used and attach identifying information. Information should include at a minimum: verifiable business name, New York address and business contact information.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **New York Business Identifying Information Business Name** | **Business Address** | **Contact Name** | **Contact Phone** | **Contact Email Address** |
|  |  |  |  |  |
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Attachment H Page 2

**ATTACHMENT I**

**NO-BID FORM**

PROCUREMENT TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RFP #\_\_\_\_\_\_\_\_\_\_\_\_\_

Bidders choosing not to bid are requested to complete the portion of the form below:

* We do not provide the requested services. Please remove our firm from your mailing list
* We are unable to bid at this time because:

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

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

* Please retain our firm on your mailing list.

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

(Firm Name)

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

(Officer Signature) (Date)

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

(Officer Title) (Telephone)

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

(e-mail Address)

FAILURE TO RESPOND TO BID INVITATIONS MAY RESULT IN YOUR FIRM BEING REMOVED FROM OUR MAILING LIST FOR THIS SERVICE.

**ATTACHMENT J**

**VENDOR RESPONSIBILITY ATTESTATION**

To comply with the Vendor Responsibility Requirements outlined in Section E, Administrative, 8. Vendor Responsibility Questionnaire, I hereby certify:

**Choose one:**

An on-line Vendor Responsibility Questionnaire has been updated or created at OSC's website: <https://portal.osc.state.ny.us> within the last six months.

A hard copy Vendor Responsibility Questionnaire is included with this proposal/bid and is dated within the last six months.

A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations, and Indian Nations.

Signature of Organization Official:

Print/type Name:

Title:

Organization:

Date Signed:

**ATTACHMENT K**

**DIVERSITY PRACTICES QUESTIONAIRE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (title) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_firm or company (hereafter referred to as the company), swear and/or affirm under penalty of perjury that the answers submitted to the following questions are complete and accurate to the best of my knowledge:

1. Does your company have a Chief Diversity Officer or other individual who is tasked with supplier diversity initiatives? Yes or No

If Yes, provide the name, title, description of duties, and evidence of initiatives performed by this individual or individuals.

2. What percentage of your company’s gross revenues (from your prior fiscal year) was paid to New York State certified minority and/or women-owned business enterprises as subcontractors, suppliers, joint-venturers, partners or other similar arrangement for the provision of goods or services to your company’s clients or customers?

3. What percentage of your company’s overhead (i.e. those expenditures that are not directly related to the provision of goods or services to your company’s clients or customers from your prior fiscal year) was paid to New York State certified minority- and women-owned business enterprises as suppliers/contractors?[[1]](#footnote-1)

4. Does your company provide technical training[[2]](#footnote-2) to minority- and women-owned business enterprises? Yes or No

If Yes, provide a description of such training which should include, but not be limited to, the date the program was initiated, the names and the number of minority- and women-owned business enterprises participating in such training, the number of years such training has been offered and the number of hours per year for which such training occurs.

5. Is your company participating in a government approved minority- and women-owned business enterprise mentor-protégé program? Yes or No

If Yes, identify the governmental mentoring program in which your company participates and provide evidence demonstrating the extent of your company’s commitment to the governmental mentoring program.

6. Does your company include specific quantitative goals for the utilization of minority- and women-owned business enterprises in its non-government procurements? Yes or No

If Yes, provide a description of such non-government procurements (including time period, goal, scope and dollar amount) and indicate the percentage of the goals that were attained.

7. Does your company have a formal minority- and women-owned business enterprise supplier diversity program? Yes or No

If Yes, provide documentation of program activities and a copy of policy or program materials.

8. Does your company plan to enter into partnering or subcontracting agreements with New York State certified minority- and women-owned business enterprises if selected as the successful respondent? Yes or No

|  |  |
| --- | --- |
| Signature of Owner/Official |  |
| Printed Name of Signatory |  |
| Title |  |
| Name of Business |  |
| Address |  |
| City, State, Zip |  |

Attachment K Page 2 of 2

**ATTACHMENT O**

**SECURITY ATTESTATION**

My signature on this attestation signifies the following:

1. I am authorized by my employer, [name of bidder as shown on the Technical and Financial Proposal Face Sheet], to commit my employer to contractually binding requirements.

2. If my employer is awarded the contract resulting from RFP #15917, it will attain and maintain compliance will all NYS security policies and standards as stated in <http://its.ny.gov/tables/technologypolicyindex.htm> for the Nurse Aide Registry application and all systems and components supporting it, including but not limited to any forms and databases that include Social Security Numbers or other New York State information.

3. Such compliance will be attained by the 90th day of the contract and will be maintained for the term of the contract and any extensions of the contract.

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

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

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**ATTACHMENT P**

**SOFTWARE AS A SERVICE (SaaS) ATTESTATION**

My signature on this attestation signifies the following:

* + 1. I am authorized by my employer, [name of bidder], to commit my employer to contractually binding requirements.
    2. If my employer is awarded the contract resulting from RFP #15917, it will attain and maintain compliance with all of the Terms, Conditions, and Requirements as stated in Attachment E, Appendix F of RFP #15917 for the Nurse Aide Registry application and all systems and components supporting it.
    3. Such compliance will be attained by the 90th day of the contract and will be maintained for the rest of the term of the contract and any extensions of the contract.

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

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

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Do not include onsite project overhead. [↑](#footnote-ref-1)
2. Technical training is the process of teaching employees how to more accurately and thoroughly perform the technical components of their jobs. Training can include technology applications, products, sales and service tactics, and more. Technical skills are job-specific as opposed to soft skills, which are transferable. Attachment K Page 1 of 2 [↑](#footnote-ref-2)