# ATTACHMENT A

### BIDDER’S CERTIFIED STATEMENTS

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

|  |
| --- |
| **RFP # 16501 Rate and Fiscal Management Consultant** |
| **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 will disclose as part of their technical proposal, a description of the educational background, experience and special qualifications of consultants to be involved in the contract as well as those of any proposed subcontractor. The following information should be provided for each subcontractor:** 2. **A complete description of specific responsibilities to be undertaken by the subcontractor under this contract. Include the percentage of work and effort to be completed by the subcontractor under this contract;** 3. **A description of the subcontractor’s experience performing the specific functions that they will be completing;** 4. **Three (3) business references that can demonstrate the subcontractor’s experience in performing functions related to this RFP that they will be completing;** 5. **A letter of commitment to undertake the specific functions required in this RFP which the subcontractor will be completing, signed by an authorized representative of the proposed subcontractor; and** |
| 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. See Section \_\_ of the DOH Agreement (Attachment E), NOTICES.** |
| **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 # 16501 - Rate and Fiscal Management Consultant** | | | |
| **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** | **Appendix D – Disclosure of Prior Non-Responsibility Determinations, completed and signed.** | |  |
| **§ 6.1.C** | **Vendor Responsibility Questionnaire, online or if hard copy, completed, and signed.** | |  |
| **§ 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 H – Encouraging Use of New York Businesses in Contract Performance** | |  |
| **§ 6.1.G** | **Attachment D (References)** | |  |
| **FOR THE TECHNICAL PROPOSAL** | | | |
| **RFP §** | | **REQUIREMENT** | **INCLUDED** |
| **§ 6.2.A** | **Title Page** | |  |
| **§ 6.2.B** | **Table of Contents** | |  |
| **§ 6.2.C** | **Documentation of Bidder’s Eligibility** | |  |
| **§ 6.2.D** | **Technical Proposal Narrative** | |  |
| **FOR THE COST PROPOSAL**  **REQUIREMENT** | | | |
| **RFP §** | **REQUIREMENT** | | **INCLUDED** |
| **§ 6.3** | **Attachment C- Cost Proposal** | |  |

# 

# ATTACHMENT C

### COST PROPOSAL

**A. DELIVERY BASED PRICING: Managed Care Rate Setting Functions**

**1. Managed Care Programs**

Submit a price in the last two columns that reflect the total price for the completion of the annual rate for each of the programs below, and the estimated price for each rate modification. This rate will be held firm for years one (1) through three (3) of the contract. See Section 5.4 Payment for price adjustment clause for years four (4) and (5).

This will be the price paid to the contractor for the completion of the initial rates and for each rate modification, in accordance with Sections 3.3 and 6.3 of this RFP.

|  |  |  |  |
| --- | --- | --- | --- |
| **Managed Care Program** | **Effective Date** | **Rate Price** | **Modification Price** |
| a. Mainstream Managed Care | April 1 |  |  |
| HIV/SNP | April 1 |  |  |
| HARP | April 1 |  |  |
| b. *MLTC Programs\** | -- | -- | -- |
| MLTC Partial Cap | April 1 |  |  |
| PACE | April 1 |  |  |
| MAP | April 1 |  |  |
| FIDA | April 1 |  |  |
| c. Medicaid Advantage | January 1 |  |  |
| d. Essential Plan | January 1 |  |  |
| e. Fully Integrated Duals Advantage for Individuals with Developmental Disabilities (IDD-FIDA) | January 1 |  |  |
| f. Developmental Disabilities Individual Support and Care Coordination Organization (DISCO) | TBD |  |  |

*\*This is just a title, does not require a rate or modification price*

**B. HOURLY BASED PRICING: Service Based Payment Rate Setting Functions and Policy and Financial Management Consulting Services**

Complete the information below based on the assumptions contained in Sections 3.3 and 6.3 of the RFP and the information provided below. These estimated hours shall be meant to include work for service based payment rate setting functions and assistance with financial and consulting activities.

For purposes of this proposal, use the following guidelines in assigning staff to one of the three levels listed below, provide one hourly rate for each Staff Level. It is estimated that billable hours for the contract period, shall be divided among the three Staff Levels as 30% for Level 1, 45% for Level 2 and 25% for Level 3. Percent of billable hours is an estimate based on historical data. Both the proportions of hours and actual hours will likely vary from these estimates during the term of the contract.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Level of Staff** | **(A)**  **Proposed Hourly Rate Per Staff Level**  **(Years 1-3)** | **(B)**  **Total Hours\*** | **(A\*B)**  **Annual Total Cost Per Staff Level**  **(Years 1-3)** | **List Titles Assigned to Each Level** |
| **Level 1** | $ | 9,600 | $ |  |
| **Level 2** | $ | 14,400 | $ |  |
| **Level 3** | $ | 8,000 | $ |  |
| **Total** |  |  | $ |  |

*\*This is an annual estimate. Actual hours may increase or decrease based on the need of the State. It is estimated that 20,000 of these hours will be allocated to policy and financial management consulting services, 6,000 of these hours for OASAS service based rate setting functions and 6,000 hours for Foster Care service based rate setting functions, annually.*

These hourly rates will be held firm for years one (1) through three (3) of the contract. See Section 5.4 Payment for price adjustment clause for years four (4) and (5).

**Examples of Experience and Duties by Staffing Level:**

This is only to be used as a guide and is not all inclusive of staff types, experience and/or duties, but is representative of the level of staff the Department may require to perform such task.

**Level 1 Staff:**

Staff Types: Principals, Partners, Project Leaders, Lead Consultants, or other staff with similar responsibilities.

Experience: These staff have extensive experience and knowledge of actuarial activities related to setting rates and evaluating methodologies. These upper level staff are seasoned professionals with generally 10-15 years of experience, and may be an actuary, accountant or a Fellow of the Society of Actuaries (FSA).

General Duties: Project oversight, management of Contractor’s team, liaison with DOH, client relationships, and global policy development.

**Level 2** **Staff:**

Staff Types:Associates, Consultants, Senior Analysts, or other staff with similar responsibilities.

Experience: These staff are mid-level professionals with generally 5-10 yearsof increasing responsibility and independent analysis work and experience, require little supervision

General Duties: Analyze data and form preliminary conclusions and/or recommendations, but report to Level 1 staff for overall direction on project, specific policy

interpretation, and may supervise lower level staff.

**Level 3 Staff:**

StaffTypes:Analysts, Consulting Assistants, or other staff with similarresponsibilities.

Experience: These staff are entry level professionals with less than 5 years’ experience. They work under direct supervision of Level 2 staff

General Duties: Technical support and data manipulation, but not necessarily drawing conclusions or making recommendations.

# 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 # 16501 - Rate and Fiscal Management Consultant** | | |
| **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. | |

**- 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

**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

**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.** | | | | |
| **Contractor is requesting a:**  **MBE Waiver – A waiver of the MBE Goal for this procurement is requested. Total Partial**  **WBE Waiver – A waiver of the WBE Goal for this procurement is requested. 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, 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.

**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.

Form Instructions Page 1 of 3

**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.

3. A list identifying the date(s) that all solicitations for certified M/WBE participation were published in any of the above publications.

4. A list of all certified M/WBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified M/WBE participation levels.

5. Copies of notices, dates of contact, letters, and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation if an identical solicitation was made to all certified M/WBEs.

Form Instructions Page 2 of 3

6. Provide copies of responses to your solicitations received by you from certified M/WBEs.

7. Provide a description of any contract documents, plans, or specifications made available to certified M/WBEs for purposes of soliciting their bids and the date and manner in which these documents were made available.

8. Provide documentation of any negotiations between you, the Offeror/Contractor, and the M/WBEs undertaken for purposes of complying with the certified M/WBE participation goals.

9. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.

**\* 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

Attachment G Page 1

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.**

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(Officer Signature) (Date)

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

(Officer Title) (Telephone)

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

(e-mail Address)

# 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 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.

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(Firm Name)

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(Officer Signature) (Date)

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(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: