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2011 Volunteer Generation Grant REQUEST FOR PROPOSALS

**New York State
Office of National & Community Service**

APPLICATIONS DUE: MAY 18, 2011

PART II CONTRACT POLICY INFORMATION & CONTRACT FORMS

PART II – New York State Contract Policy Information and Required Contract Forms

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SECTION ONE: CONTRACT POLICY INFORMATION

A copy of the standard New York State Agreement, along with required Appendices, is included in Part 3 of this RFP Template. See: *Part 3: "Attachments"* for all attachments and appendices included in this RFP.

1.1 Standard Contract Language

The terms and conditions for all funded projects are specified in a detailed contract that must be signed by OCFS and approved by the Attorney General and the Office of the State Comptroller before any work is begun or payments made. This RFP includes all relevant contract terms and conditions which can be found in Part III Attachments. Upon contract award and completion of negotiations, OCFS will send successful applicants the complete contract for development and signature prior to submitting it to the Attorney General's Office and the Office of the State Comptroller for execution. See: *Part 3: "Attachments"* for all attachments and appendices included in this RFP.

1.2 Contract Readiness

The State's Prompt Contracting and Vendor Responsibility provisions require all State agencies to complete contract development and the signatory process within State prescribed timeframes. It is expected that this process will be expedited and awardees will need to be available and prepared to respond in required timeframes. If selected, awardees may be required to travel to Rensselaer for contract development and will need to cover the costs of that travel. Awardees who cannot meet prescribed timeframes for contract development and/or signature will, at OCFS discretion, and barring extenuating circumstances, lose funds awarded.

Prior to submitting an application for funding, applicants are responsible for various verifications which validate their capacity and organizational authority to receive public funding and operate as a not-for-profit corporation in the State of New York. Not-for-profit vendors must be registered with the Attorney General's Office as a charitable organization, and the registration must be up to date at the time of contracting. Vendors must be sure all their documents are up to date and comply with the vendor responsibility requirements as outlined below. To determine the status of your charities registration information, contact http://bartlett.oag.state.ny.us/Char_Forms/search_charities.jsp

1.3 Accessibility of Web Based Information and Applications

Any web-based intranet and Internet information and applications development, or programming delivered pursuant this procurement must comply with New York State Enterprise IT Policy NYS-P08-005, Accessibility Web-Based Information and Applications, and New York State Enterprise IT Standard NYS-S08-005, Accessibility of Web-Based Information Applications, as such policy or standard may be amended, modified or superseded, which requires that state agency web-based intranet and Internet information and applications are accessible to persons with disabilities. Web content must conform to New York State Enterprise IT Standards NYS-S08-005, as determined by quality assurance testing. Such quality assurance testing will be conducted by OCFS and the results of such testing must be satisfactory to OCFS before web content will be considered a qualified deliverable under the contract or procurement.

1.4 Contract Management System (CMS)

OCFS has developed a comprehensive, web-based Contract Management System (CMS) providing technology that automates the contract development, claiming, and program reporting process. Vendors awarded contracts under this procurement may develop and electronically sign contracts through CMS. The opportunity to submit claims and program reports online is also available to CMS users. All vendors are required to include the "Contract Developer, Contract Signatory, and Claim Signatory Authorization Form" which can be found in Part 2: Section 2 "Required Forms" of this RFP. Vendors opting to use CMS must complete the entire form, while all others may leave the section at the bottom blank. In addition to the Authorization Form, a current Organization Chart that indicates where the organization head or the Chief

Administrative Officer and the Contract Developers, Contract Signatories and Claim Signatories appear in relation to the Board of Directors and the organization as a whole must be on file with OCFS, and must be included with the proposal.

A description of CMS, including benefits to vendors, follows:

CMS Standardizes the contract development process, automating labor-intensive tasks and providing system edits that reduce common errors. Interactive budget and contract documents streamline the development process. Intuitive screens provide a user-friendly environment. Online claiming functionality allows for expedited payment of claims through the use of system edits, elimination of mailing time, and consolidation of all supporting documentation in to one easy to access location. The system facilitates prompt contracting and prompt payment thereby making services available to the children and families of New York State in a timely manner. CMS features will permit vendors to do the following online:

- Develop, manage and electronically sign a contract online
- Receive alerts and notifications regarding the status of contract approval
- Permit correspondence between the vendor and OCFS
- Upload and download contract documents into CMS
- Process online budget modifications
- Process online claims including both advances and expenditures
- Upload supporting documentation for budget modifications and claims
- Submit program reports online
- Check the status of contracts and payments

CMS has no hardware requirements. Minimum computer requirements for participating are simply Internet access, Explorer 6.0 and Acrobat Reader 7.0. Acrobat Reader can be obtained free of charge at: <http://get.adobe.com/reader>

For Macintosh users, Safari 3.1 or higher is recommended and can be obtained free of charge at: <http://www.apple.com/support/downloads/safari.html>

1.5 Charities Registration – Not-for-Profit Corporations Only

Not-for-Profit corporations that submit proposals must comply with Article 7-A of the State Executive Law and the Estates, Powers and Trusts Law, Solicitation and Collection of Funds for Charitable Purposes. The Charities Registration Number or Exemption reason is recorded on the Application Cover Page.

1.6 Federal Requirements

OCFS will be using Federal dollars to fund all or part of this project. The Federal funding requirements are included in the Attachments section of this RFP, and will be included as Appendix A3 Federal Assurances and Certification, of any contract that results from this RFP. A copy of Appendix A3, with a completed and signed Application (See Part II, Appendix D, Cover Page for required signature) must be returned with the bidder's proposal.

1.7 Vendor Responsibility Requirements

New York State Finance Law requires that State agencies award contracts to responsible contractors including but not limited to not-for-profit and for-profit vendors. Vendor Responsibility will be determined based on the information provided by the bidder on the "Vendor Responsibility Questionnaire Form", and a review of the most recently issued independently audited annual financial reports, that must be included with each bid. OCFS will review the Questionnaire, the audited financial statements and the information provided before making an award. OCFS reserves the right to reject any proposal if in the sole discretion of OCFS, it determines the bidder is not a responsible vendor, or is not, or may not be, during the life of the contract, a

stable financial entity. All proposals are subject to vendor responsibility determination before the award is made and such determination can be revisited at any point up to the final approval of the contract by OSC. See *Part 2: Section 2 "Required Forms" of this RFP*.

Prior to executing a subcontract agreement the Contractor agrees to provide the information OCFS needs to determine whether a proposed Subcontractor is a responsible vendor.

Vendors are invited to file the required Vendor Responsibility Questionnaire online through the Office of the State Comptroller (OSC) New York State VendRep System, or may choose to complete an OCFS Vendor Responsibility Questionnaire Form either by using the attached Not-For-Profit Questionnaire found in Part 2: Section 2 "Required Forms" of this RFP or going to <http://www.ocfs.state.ny.us/main/forms/contracts/> for the electronic version. **Note: a copy of the completed form must be attached to the proposal no matter which method is used. The printed copy of the questionnaire must have either a notarized signature page or the certification page from the OSC VendRep System; all Vendor Responsibility Questionnaires must be dated within six (6) months of the proposal due date.**

Vendors are also encouraged to have subcontractors that are substantially involved with the project to file the required Vendor Responsibility Questionnaire on line through OSC to provide for complete information.

To enroll in and use the OSC New York State VendRep System all vendors may view the VendRep System Instructions available at www.osc.state.ny.us/vendrep or go directly to the VendRep System online at <http://www.osc.state.ny.us/vendrep/index.htm>. For direct VendRep System user assistance, the OSC Help Desk may be reached at 866-370-4672 or 518-408-4672 or by email at helpdesk@osc.state.ny.us. *The Not-For-Profit Questionnaire can be found in Part 2: Section 2 "Required Forms" of this RFP.*

The Online VendRep System offers the following benefits:

- The Questionnaire is valid for all State Agencies and only needs to be completed once every six (6) months, unless there is a change in the questionnaire responses.
- Ease of completion, filing, access to and submission of the vendor responsibility questionnaire. Efficiencies are multiplied for vendors who bid and contract with the State frequently or with multiple State agencies.
- Questionnaire updates are easily filed by changing only those responses that require a change from the previously saved questionnaire.
- The stored questionnaire responses information as – address, contacts, Federal ID – eliminates the need to re-enter data for each subsequent questionnaire submission.
- Reduction of costs associated with paper documents including copying, delivery and filing.
- Questionnaire information is secure and accessible online only to authorized vendor users. State agencies can only view certified and finalized questionnaires.
- VendRep questions prompts ensure that the correct forms are completed.

Vendors opting to complete a paper questionnaire can find the questionnaire in *Part 2: Section 2 "Required Forms" of this RFP*. Vendors opting to complete the OCFS electronic version can go to the OCFS Internet Website at <http://www.ocfs.state.ny.us/main/forms/contracts/>. For-Profit bidders must complete the for-profit Vendor Responsibility Questionnaire located on the OCFS Internet Website at <http://www.ocfs.state.ny.us/main/forms/contracts/>.

Please note that there are separate Vendor Responsibility Forms depending on the contractor status. The "OCFS-7050 Vendor Responsibility Form" must be used by Not-For-Profit Vendors and the "OCFS-7049 Vendor Responsibility Form" must be used by For-Profit Vendors.

1.8 Required Electronic Payments and Substitute Form W-9

The Governor's Office of Taxpayer Accountability has issued a directive that all State Agency and Authority contracts, grants and purchase orders executed after February 28, 2010 shall require vendors, contractors and grantees to accept electronic payment (*epay*).

Additionally as New York State proceeds with implementing the new Statewide Financial System, the Office of the State Comptroller (OSC) is preparing a centralized vendor file. To assist OSC in this project, vendors are directed to provide a Substitute Form W-9 which includes the taxpayer identification number, business name, and business contact person. This data is critical to ensure the vendor file contains information State Agencies need to contract with and pay vendors.

Please note that the contractor payee name and address provided to OSC for the *epay* program must match exactly the contractor name and address contained in the contractor's contract with the New York State Office of Children and Family Services. If these do not match, then a check is printed and mailed to the payee. Note that limited exemptions may be granted for extenuating circumstances.

Vendors should also file a Substitute Form W-9 with their Electronic Payment Authorization Form. More information concerning these new requirements, including forms and contacts for questions, can be found at the following links:

<http://www.osc.state.ny.us/agencies/gbull/g240.htm>

<http://www.osc.state.ny.us/epay/how.htm>

1.9 Organizational Chart

The bid must include a current Organization Chart that depicts the entire organization structure and indicates where the organization head or the Chief Administrative Officer and the Contract Developers and Contract Signatories appear in relation to the Board of Directors and the organization as a whole.

1.10 OCFS Rights

OCFS Reserves the right to:

1. Place a monetary cap on the funding amount made in each contract award.
2. Change any of the schedule dates stated in this RFP.
3. Request all bidders who submitted proposals to present supplemental information clarifying their proposals either in writing or by formal presentation.
4. Require that bidders demonstrate, to the satisfaction of the OCFS, any feature(s) present as a part of their proposal which may include an oral presentation of their proposal, and may be considered in the evaluation of the proposal.
5. Direct all bidders who submitted proposals to prepare modifications addressing RFP amendments and/or amend any part of this RFP with notification to all bidders. These actions are without liability to any bidder or other party, for expenses incurred in the preparation of any proposals or modifications submitted in response to this RFP.
6. Make funding decisions that maximize compliance with and address the outcomes identified in this RFP
7. Fund only one portion, or selected activities, of the selected bidder's proposal; and/or adopt all or part of the selected bidder's proposal based on Federal and State requirements.
8. Eliminate any RFP requirements unmet by all bidders, upon notice to all parties that submitted proposals.
9. Waive procedural technicalities, or modify minor irregularities, in proposals received, after notification to the bidder involved.
10. Correct any arithmetic errors in any proposal, or make typographical corrections to proposals, with the concurrence of the bidder.
11. Negotiate with the selected bidder(s) prior to contract award.

12. Award contract to the next highest bidder, if contract negotiations with the selected bidder(s) cannot be accomplished within an acceptable time frame. No bidder will have any rights against OCFS arising from such actions.
13. Award contracts to more than one bidder, or to other than the lowest bidder.
14. Require that all proposals be held valid for a minimum of 180 days from the closing date for receipt of proposals, unless otherwise expressly provided for in writing.
15. Fund any or all of the proposals received in response to this RFP. However, issuance of this RFP does not commit OCFS to fund any proposals. OCFS can reject any proposals submitted and reserves the right to withdraw or postpone this RFP, without notice, and without liability, to any bidder, or other party, for expenses incurred in the preparation of any proposals submitted in response to this RFP, and may exercise these rights at any time.
16. Use the proposal submitted in response to this RFP as part of an approved contract. At the time of contract development, awardees may be requested to provide additional budget and program information for the final contract.
17. Make additional awards based on the remaining proposals submitted in response to this RFP and/or to provide additional funding to awardees if additional funds become available.
18. Make inquiries of third parties, including but not limited to bidders references, with regard to the applicants' experience, or other matters deemed relevant to the proposal by OCFS. By submitting a proposal in response to this RFP the applicant gives its consent to any inquiry made by OCFS.
19. Require contractors to participate in a formal evaluation of the program to be developed by OCFS. Contractors may be required to collect data for these purposes. The evaluation design will maintain confidentiality of participants and recognize practical constraints of collecting this kind of information.
20. Consider Statewide distribution and regional distribution within New York City, including borough distribution methodology, in evaluating proposals.
21. Suspend the Prompt Contracting time frames set forth at Article XI-B of the State Finance Law at the sole discretion of OCFS, for up to four and one-half months to accommodate the intricacies of contract development and finalization. Bidders are hereby advised that if they are selected for award, they will receive further written notice, setting forth the specifics and period of suspension anticipated. Prompt Contracting time frames may also be suspended for more than four and one-half months where significant and substantive differences exist between OCFS and the successful bidder, or when the successful bidder fails to negotiate in good faith.

1.11 Bidder Identification Form

Complete the requested organizational information. The information provided will be used to update the OCFS On-Line Bidder's List.

1.12 Non-Discrimination/Non-Sectarian Compliance Form

Complete the information about the bidder's corporate purpose, and how the bidder will serve a diverse client population.

1.13 Board of Directors Profile – Not-for-Profit Corporations Only

List all Board members, their addresses, position on the Board, and current occupation.

1.14 Affirmative Action Forms – Minority and/or Women Owned Business Enterprises (M/WBE) Subcontracting

[OCFS-4630 – Subcontractors and Suppliers Letter of Intent to Participate Form](#)

It is expected that all Contractors make a good-faith effort to utilize Minority and/or Women Owned Businesses (M/WBEs) when there is an opportunity to subcontract or purchase supplies to carry out a contract with the New York State Office of Children and Family Services. This form is to be completed by the proposed M/WBE Subcontractor/Supplier. It is to be submitted with proposal/bid attached to the Subcontractor's Utilization Form for each certified Minority or Women-Owned Business Enterprise the Bidder

proposes to utilize as subcontractors, service providers or suppliers. If the MBE or WBE proposed for a portion of this proposal/contract is a part of a joint venture or other temporarily-formed business arrangement, the name and address of the joint venture or the temporarily formed business entity should be indicated. If the subcontractors are unknown at the time of the proposal, enter Prime contractor information and write "unknown" in the "subcontractor/supplier" section.

[OCFS-4631 – Subcontracting Utilization Form](#)

This form is to be completed by the Bidder and submitted as part of their proposal for the purpose of identifying projected M/WBE utilization. It must also be completed by the Contractor at the end of each contract year, to report actual M/WBE participation goals achieved. At the end of each contract year, the Contractor submits this form to the Contract Manager. The Contract Manager sends a copy to Equal Opportunity and Diversity Development (EODD).

[OCFS-4629 – Project Staffing Plan Form](#)

This form should be completed by the Bidder and submitted as part of their proposal. An updated staffing plan should be resubmitted by the Contractor should vacancies or hires occur.

1.15 Vendor Responsibility Questionnaire Instructions

It is important that every Vendor Responsibility Questionnaire question is responded to in a complete manner. There are questions that require written explanation; responses must be thorough, complete and current. The owner or officer of the bidding organization must complete the attestation at the end of the questionnaire, and the signature must be notarized; if using the OSC VendRep System, the certification page from the VendRep System must be included. **Note:** All Vendor Responsibility Questionnaires must be dated within six (6) months of the proposal due date. If the bidder is successful, any subcontractors under that proposed contract must also complete a Vendor Responsibility Questionnaire. Please note that any subcontract where the services are a material factor in the award must have the subcontractor complete a Vendor Responsibility Questionnaire at the proposal stage. Refer to Section 2.7 for information about general Vendor Responsibility Questionnaire Requirements and the automated New York State Office of the State Comptroller VendRep System.

1.16 Contract Developer, Contract Signatory and Claim Signatory Authorization Form

In order to develop and sign contracts online and in a secure manner, it is necessary for the organization head or the Chief Administrative Officer to authorize and assign contract development roles and signature permissions. This is done using the ["Contract Developer, Contract Signatory and Contract Claim Signatory Authorization Form"](#). This form must be completed and included with every proposal submission, even if the organization or the individuals designated as Contract Developer, Contract Signatory and Contract Claim Signatory already have accounts in CMS. If accounts already exist, please check the appropriate boxes on the Authorization Form. The ["Contract Developer, Contract Signatory and Contract Claim Signatory Authorization Form"](#), including instructions, can be found in *Part 2: Section 2 "Required Forms"* of this RFP.

In addition to the Authorization Form, a current Organization Chart that indicates where the organization head or the Chief Administrative Officer and the Contract Developers, Contract Signatories and Claim Signatories appear in relation to the Board of Directors and the organization as a whole must be on file with OCFS, and should be included with every proposal submittal.

1.17 Affirmative Action

It is the policy of OCFS to encourage the employment of qualified applicants/recipients of public assistance by both public organizations and private enterprises who are under contractual agreement to OCFS for the provision of goods and services. OCFS may require the Contractor to demonstrate how the Contractor has complied or will comply with the aforesaid policy.

OCFS is in full accord with the aims and effort of the State of New York to promote equal opportunity for all persons and to promote equality of economic opportunity for minority group members and women who own business enterprises, and to ensure there are no barriers, through active programs, that unreasonably impair access by Minority and Women-Owned Business Enterprises (M/WBE) to State contracting opportunities.

Prospective Offerors to this RFP are subject to the provisions of Article 15-A of the Executive Law and regulations issued thereunder.

1. Contractors and subcontractors shall undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, affirmative action shall apply in the areas of recruitment, employment, job assignment, promotion, upgrades, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation.
2. Prior to the award of a State contract, the Contractor shall submit an Equal Employment Opportunity (EEO) Policy Statement to the contracting agency within the timeframe established by that agency.
3. The Contractor's EEO Policy Statement shall contain, but not necessarily be limited to, and the Contractor, as a precondition to entering into a valid binding State contract, shall during the performance of the State contract, agree to the following:
 - a) The Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability, sexual orientation or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunity without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its workforce on State contracts.
 - b) The Contractor shall state in all solicitations 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, age, disability, sexual orientation or marital status.
 - c) At the request of the contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union, or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability, sexual orientation or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.
4. Except for construction contracts, prior to an award of a State contract, the Contractor shall submit to the contracting agency a staffing plan of the anticipated workforce to be utilized on the State contract or, where required, information on the Contractor's total workforce, including apprentices, broken down by specified ethnic background, gender, and Federal Occupational Categories or other appropriate categories specified by the contracting agency. The form of the Staffing Plan shall be supplied by the contracting agency.
5. After an award of a State contract, the Contractor shall submit to the contracting Agency a workforce staffing plan, in a form and manner required by the agency, of the workforce actually utilized on the State contract, broken down by specified ethnic background, gender and Federal Occupational Category or other appropriate categories specified by the contracting agency.
6. Goals for the utilization of Minority Women Owned Business Enterprises **must be set** for each contract. For purposes of this procurement, the goals for subcontracting and purchasing with Minority and Women Owned businesses are 0% - 5%. Should a Contractor have the ability to subcontract or need to purchase supplies services, or commodities, every effort should be made to

subcontract with the purchase from NYS certified Minority and Women-Owned Business Enterprises. It is expected that awardees submit quarterly utilization reports to OCFS to track such expenditures.

In order to assist Contractors with this, the directory of certified businesses, prepared by the Division of Minority and Women's Business Development within the NYS Empire State Development, for use by contractors in complying with the provisions of Executive Law, Article 15-A, and the regulations required pursuant to said Law, will be provided for inspection at OCFS' Office of Minority Program Development.

In order to assist prospective Contractors (Offerors) in their attempts to demonstrate effective affirmative action efforts, OCFS suggests Offerors consider any or all of the following steps while developing their responses to this RFP:

1. Contact all known M/WBEs that may appropriately serve as a subcontractor(s) or a vendor(s) under the contract.
2. Keep a "contact" list of M/WBEs contacted for this particular RFP along with the name of your contact and the result of the contact(s).
3. Use the M/WBEs contacted as a possible resource for additional contacts.

In the event your firm did not obtain the desired results from steps 1-3 above, OCFS suggests that prospective Offerors consider these additional steps (and keep a contact record of the same):

1. Contact area Minority Business Associations, Contractors Associations, Purchase Councils or Professional Organizations serving the area in which the contract will be performed.
2. Contact the NYS Empire State Development, Division of Minority and Women Business Development at (518) 292-5250 or (212) 803-2414 for assistance.
3. Contact OCFS' Office of Equal Opportunity and Diversity Development at (518) 474-3715 in Rensselaer, New York.
4. Contact area community-based organizations that serve the minority community and local elected, appointed, religious or other acknowledged leaders who also may serve as resources.

The above-noted provisions are set forth to aid prospective Offerors who may require assistance in their attempt to comply with OCFS affirmative action initiatives. However, prospective Offerors are at liberty to propose a course of action of their own that is reasonable and accomplishes the aim of the aforementioned provisions.

1.18 Omnibus Procurement Act

It is the policy of New York State to maximize opportunities for the participation of New York State business enterprises, including minority and women-owned business enterprises as bidders, subcontractors and suppliers on its procurement contracts.

Information on the availability of New York State subcontractors and suppliers is available on the internet at www.empire.state.ny.us For additional information and assistance, contact:

New York State Empire State Development - Procurement Assistance Unit
30 South Pearl Street - Albany, New York 12245
Phone: (518) 292-5250, Fax: (518) 292-5803

OR

633 Third Avenue
New York, New York 10017
Phone: (212) 803-2414, Fax: (212) 803-2459

A directory of minority and women-owned business enterprises is available on the internet at www.empire.state.ny.us. For additional information and assistance, contact either of the above listed offices.

The Omnibus Procurement Act of 1992 requires that by signing a 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. Document their efforts to encourage the participation of New York State business enterprises as suppliers and subcontractors by showing that they have:
 - Solicited bids, in a timely and adequate manner, from New York State Empire State Development business enterprises including certified minority/ women-owned businesses, or
 - Contacted the New York State Empire State Development to obtain listings of New York State business enterprises and MWBEs, or
 - Placed notices for subcontractors and suppliers in newspapers, journals or other trade publications distributed in New York State, or
 - Participated in bidder outreach conferences.
 - If the contractor determines that New York State business enterprises are not available to participate on the contract as subcontractors or suppliers, the contractor shall provide a statement indicating the method by which such determination was made.
 - If the contractor does not intend to use subcontractors, the contractor shall provide a statement verifying such.
3. The contractor has complied with the Federal Equal Opportunity Act of 1972 (P.L. 92-961), as amended.
4. The contractor will be required to notify New York State residents of employment opportunities through listing any such positions with Community Services Division of the New York State Department of Labor, providing for such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The agency agrees to document these efforts and to provide said documentation to OCFS upon request.
5. Bidders located in a foreign country are notified that the State may assign or otherwise transfer offset credits to third parties located in New York State, and the bidders shall be obligated to cooperate with the State in any and all respects in making such assignment or transfer, including, but not limited to, executing any and all documents deemed by the State to be necessary or desirable to effectuate such assignment or transfer, and using their best efforts to obtain the recognition and accession to such assignment or transfer by any applicable foreign government.
6. Bidders are hereby notified that state agencies and authorities are prohibited from entering into contracts with businesses whose principle place of business is located in a discriminatory jurisdiction. "Discriminatory jurisdiction" is defined as a state or political subdivision which employs a preference or price distorting mechanism to the detriment of or otherwise discriminates against a New York State business enterprise in the procurement of commodities and services by the same or a non-governmental entity influenced by the same. A list of discriminatory jurisdiction is maintained by the Commissioner of the New York State Empire State Development.

1.19 Procedure for Handling of Protests/Appeals of Bid Specifications and Proposed Awards

Section 1: Applicability

Section 2: Definitions

Section 3: Informal Complaints or Protests

Section 4: Formal Protest Procedure

Section 5: Appeal of Formal Protest Decision

Section 1: Applicability

The intent and purpose of these guidelines is to set forth the procedure to be utilized when an interested party challenges a contract award by OCFS. These guidelines shall apply to all contract awards by OCFS.

Section 2: Definitions

1. "Interested party" means a participant in the procurement process and those whose participation in the procurement process has been foreclosed by OCFS.
2. "Contract award" is a written determination from OCFS to an offeror indicating that OCFS has accepted the offeror's bid or offer.
3. "Protest" shall mean a written challenge to a contract award by OCFS.
4. "Procurement" shall mean any method used to solicit or establish a contract. (i.e. invitation for bid, request for proposal, single/sole source, etc.)
5. "Protesting party" is the party who is filing a protest to the bid, contract award, or other aspect of a procurement.

Section 3: Informal Complaints or Protests

In order to reduce the administrative burden and to be responsive to interested parties, other than as provided below, OCFS staff will be receptive to and attempt to resolve issues, inquiries, questions and complaints on an informal basis, whenever possible. Information provided informally by any interested party will be fully reviewed by the OCFS Program Division responsible for the Procurement. Matters that are identified by the interested party as containing, or that OCFS perceives to contain, potentially confidential or trade secret information, may be shared internally within OCFS as necessary. OCFS staff will document the subject matter and results of any informal complaints and inquiries. OCFS' response to the informal complaint or inquiry will indicate the existence of a formal protest policy available to the interested party should the informal process fail to resolve the matter.

Final OCFS determinations or recommendations for award may be reconsidered only in the context of a formal written protest.

Section 4: Formal Protest Procedure

Any interested party who believes that there are errors or omissions in the procurement process, who believes they have been aggrieved in the drafting or issuance of a bid solicitation or who believe they have been treated unfairly in the application, evaluation, bid award, or contract award phases of the procurement, may present a formal protest to OCFS and request administrative relief concerning such action.

A. Submission of Bid or Award Protests

1. Deadline for Submission
 - a. Concerning Alleged Errors, Omissions or Prejudice in the Bid Specifications or Documents: Formal protests which concern alleged errors in the drafting of bid specifications must be received by OCFS at least ten (10) calendar days before the date set in the solicitation for receipt of bids.
 - b. Concerning Proposed Contract Award: Formal protests concerning a pending contract award must be received within five (5) business days after the protesting party knows or should have known of the facts which form the basis of the protest. Formal protests will not be accepted by OCFS concerning a contract award after the contract between OCFS and the offeror who received the contract award has been approved by the Office of the State Comptroller.

B. Review and Final Determination

1. Formal protests must be filed with the OCFS Associate Deputy Commissioner of Administration. Any protests filed with the OCFS Program Division responsible for the procurement will be advanced to the Associate Deputy Commissioner of Administration. Copies of all protests will be provided by the Associate Deputy Commissioner of Administration to the OCFS Division of Legal Affairs and other

necessary parties within OCFS, as determined by the Associate Deputy Commissioner of Administration.

2. Formal protests shall be resolved through written correspondence; however, either the protesting party or OCFS may request a meeting to discuss a formal protest. Where further formal resolution is required, the Program Division responsible for the procurement may designate a State employee not involved in the procurement action ("designee") to determine and undertake the initial resolution or settlement of any protest.
3. The OCFS Program Division responsible for the procurement will conduct a review of the records involved in the protest, and provide a memorandum to the Associate Deputy Commissioner of Administration or the Associate Deputy Commissioner's designee summarizing the facts, an analysis of the substance of the protest, and a preliminary recommendation including: (a) an evaluation of the findings and recommendations, (b) the materials presented by the protesting party and/or any materials required of or submitted by other bidders, (c) the results of any consultation with the OCFS Division of Legal Affairs, and (d) a draft response to the protest.
4. A copy of the final protest decision, stating the reason(s) upon which it is based and informing the protesting party of the right to appeal an unfavorable decision to the OCFS Executive Deputy Commissioner shall be sent to the protesting party or its agent within thirty (30) business days of receipt of the protest, except that upon notice to the protesting party such period may be extended. The final protest determination will be recorded and included in the procurement record, or otherwise forwarded to the Office of the State Comptroller (OSC).

C. Appeals

1. The final protest determination shall be deemed a final and conclusive agency determination unless a written notice of appeal is received by the OCFS Executive Deputy Commissioner no more than fifteen (15) business days after the date the final protest decision is sent to the protesting party.
2. The Executive Deputy Commissioner or designee shall hear/make a final determination on appeals.
3. An appeal may not introduce new facts unless responding to facts or issues unknown to the protesting party prior to the final protest determination.

D. Reservation of Rights and Responsibilities of OCFS

1. OCFS reserves the right to waive or extend the time requirements for protest submissions, decisions and appeals herein prescribed when, in its sole judgment, circumstances so warrant to serve the best interests of the State.
2. If OCFS determines that there are compelling circumstances, including the need to proceed immediately with contract award and development of final contracts in the best interests of the State, then these protest procedures may be suspended and such determination shall be documented in the procurement record.
3. OCFS will consider all information relevant to the protest, and may, at its discretion, suspend, modify, or cancel the protested procurement action, including solicitation of bids, or withdraw the recommendation of contract award prior to issuance of a formal protest decision.
4. OCFS will continue procurement and contract award activity prior to the final protest determination. The receipt of a formal bid protest will not stop action on the procurement and award of the contract(s) or on development of final contracts.
 - a. The procurement record and awarded contract(s) will be forwarded to OSC, and a notice of the receipt of a protest and any appeal will be included in the procurement record. If a final protest determination, or a final decision on an appeal, has been reached prior to transmittal of the procurement record and the contract(s) to OSC, a copy of the final determination or decision will be included in the procurement record and with the contract(s).
 - b. If a final protest determination is made after the transmittal of the procurement record and contract(s) to OSC, but prior to OSC approval, a copy of the final OCFS determination will be forwarded to OSC when issued, along with a letter either: a) confirming the original OCFS

- recommendation for award(s); b) modifying the proposed award recommendation; or c) withdrawing the original award recommendation.
5. All records related to formal protests and appeals shall be retained for at least one (1) year following resolution of the protest. All other records concerning the procurement shall be retained according to the applicable requirements for records retention

Section 5: Appeal of Formal Protest Decision

If the protesting party is still not satisfied with the result of its protest after conclusion of the appeal to the OCFS Executive Deputy Commissioner, the protesting party may file an appeal with OSC. The protest to the OSC Bureau of Contracts must be in writing and must contain specific factual and/or legal allegations setting forth the basis on which the protesting party challenges the contract award by OCFS. Such appeal must be filed with the Director of the Bureau of Contracts at the Office of the State Comptroller, 110 State Street, 11th Floor, Albany, NY 12236. For more information see OSC Bulletin G-232 http://www.osc.state.ny.us/agencies/gbull/g_232.htm

SECTION TWO: REQUIRED FORMS

2.1 Application Checklist

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

This checklist outlines the required items of a complete Volunteer Generation Fund proposal. This provides a check for all applicants to assure that all required items are included, and will assist the reviewers as they access each proposal.

- Applicant Cover Page & Agreement signed by authorized signatory
- Application Narrative
- Budget
- Budget Narrative
- Performance Measures
- Bidder Identification Form (*Part 2: Sect. 2*)
- Non-Discrimination/Non-Sectarian Compliance (*Part 2: Sect. 2*)
- Board of Directors Profile-Not-For-Profit Corporations (*Part 2: Sect. 2*)
- M/WBE Subcontractors & Suppliers Letter of Intent to Participate (*Part 2: Sect. 2*)
- Subcontracting Utilization Form (*Part 2: Sect. 2*)
- Staffing Plan Form (*Part 2: Sect. 2*)
- Vendor Responsibility Questionnaire (*Part 2: Sect. 2*)
- Developer, Contract Signatory, Claim Signatory Authorization Form (*Part 2: Sect. 2*)
- A-133 Audit or Certified Financial Statements

2.2 Applicant Cover Page & Agreement

New York State Volunteer Generation Fund

I. Incorporated Agency Name:		
II. Project Title:		
III. Amount of ONCS Funds Requested:		
IV. Proposed Dates of Project:		
V. Mailing Address: (Include Street, City, State, Zip Code)		
VI. Payment Address (if different): (Include Street, City, State, Zip Code)		
VII. Federal Tax Identification Number or Municipality Code:		
VIII. Does the Business Entity have a Data Universal Numbering System (DUNS) Number? If yes, what is the DUNS Number?		<input type="checkbox"/> Yes <input type="checkbox"/> No DUNS Number
IX. Is the Business Entity a: (a) For Profit entity; <u>and</u> (b) A New York Certified Minority Owned Business Enterprise (MBE), Women Owned Business Enterprise (WBE), New York State Small Business or a Federally Certified Disadvantaged Business Enterprise (DBE)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify the type of entity:		<input type="checkbox"/> Minority Owned Business Enterprise (MBE) <input type="checkbox"/> Women Owned Business Enterprise (WBE) <input type="checkbox"/> Disadvantaged Business Enterprise (DBE) <input type="checkbox"/> New York State Small Business
X. Is the Business Entity a: (a) Not-For-Profit entity; <u>and</u> (b) A Minority Community-Based Organization (MCBO)		<input type="checkbox"/> Yes <input type="checkbox"/> No
XI. Charities Registration Number: (If exempt, enter reason for exemption)		
XII. Has the Business Entity filed all required periodic or annual written reports with the Office of the Attorney General's Charities Bureau?		<input type="checkbox"/> Yes <input type="checkbox"/> No

XII. Congressional/Legislative District Information:				
Federal Congressional District(s):				
State Assembly District(s):				
State Senate Districts(s):				
XIII. County				
XIV. Contact Person(s):				
Key Contacts	Name	Address	Telephone & E-Mail Address **	Authorized to Sign Contracts and/or Vouchers
Board Chairperson				
Chief Administrative Officer ¹				
Contract Contact				
Chief Fiscal Officer				
**An E-mail address is required. If you do not have a personal e-mail address, please supply your Organization's shared e-mail address.				

XV. Agreement/Signature:

It is understood and agreed to by the applicant that (1) The responses to this RFP are true, accurate and complete, including all attachments. (2) Funds granted for this project will be used only for the conduct of the project as approved. (3) The grant may be terminated in whole, or in part, by the Commissioner of the New York State Office of Children and Family Services. Such determination shall not affect obligations incurred under the grant prior to effective date of such termination. (4) When funds are advanced, any unexpended balance at the end of the approval period will be returned. (5) Any significant revision of the approved project proposal will be requested in writing by the grantee prior to enactment of the change. (6) Progress reports will be submitted within thirty days after the project terminates. Necessary records and accounts, including financial and property control, will be maintained and made available to the New York State Office of Children and Family Services. (7) All personal information concerning individuals served or studied under the project is confidential and such information may not be disclosed to unauthorized persons. (8) The New York State Office of Children and Family Services reserve a royalty-free non-exclusive license to use and authorize others to use all copyrighted material resulting from this project. (9) Some selected contractors may be asked to participate in a performance-based contract reimbursement plan. (10) Most applicants will be subject to the State's Prompt Contracting Law.

Signature of Authorized Official: X _____

Typed Name and Title: _____

Date: _____

¹ The Chief Administrative Officer is defined as the person who is responsible for the contractor's overall administration, eg. Executive Director, County Executive, or Agency Commissioner

2.3 Budget Forms

Instructions for Budget & Budget Narrative

New York State Volunteer Generation Fund

Follow these instructions carefully as you complete the Budget Forms. Use the following directions to briefly describe the expenses included in each budget category.

The detail requested is essential to expedite the contract process. Accuracy and completeness are critical.

Consider the Following:

- The cost of items is described in the budget narrative, and for every line item of expense, include in the narrative the specific calculations for determining the total cost of each item.
- All items covered through State Funds must be directly related to the provision of services indicated in the proposal.
- All expenses must be incurred within the contract period.
- All shared costs are prorated.
- Reimbursement for travel, lodging, and mileage costs will not exceed the State rates then in effect.
- All amounts listed on the budget summary form reconcile with the relevant budget narrative information.
- The total 'Requested State Funds' must agree with the amount requested on the Contract Cover Page and on Appendix D (Application Cover Page).

Non-Allowable Costs:

The following items cannot be included as State funded costs within the project budget:

- Major capital expenditures such as acquisition, construction or structural renovation of facilities.
- Interest costs, including costs incurred to borrow funds.
- Costs for preparation of continuation agreements and other proposal development costs.
- Costs of organized fundraising.
- Legal fees to represent agency/staff.
- Advertising costs, except for recruitment of project personnel, program outreach and recruitment of participants.
- Entertainment costs, including social activities for program and staff.
- Costs for dues, attendance at conferences or meetings of professional organizations, unless attendance is necessary in connection with the project.
- Construction/renovation work.

Grantee Share Requirements:

- Other Federal funds cannot be used as a match.
- The Grantee Share may be reflected in any budget category.
- The Grantee Share source can be cash or in-kind.

Summary of Personnel Costs

Project Staff Salaries

- List only staff positions included in this project.
- List the percentage of time each staff will spend on this project
 - > Percentage of time an employee is engaged in this project (or projects) cannot exceed 100%.
- List the base (annual) salary for each staff position.
 - > The base salary should reflect the employee's actual annual salary. The annual salary should be consistent across all projects that the employee's time is charged to.
 - > Salaries charged to the project are generally calculated as a percentage of annual salary (total cost salary = annual salary x % of time to be spent on this project). In certain instances, it is allowable to use an hourly rate or per day rate. In such cases, show the complete calculation (e.g., hours X rate) under base salary.
 - > If a position has both Administrative and Programmatic responsibilities, show the position on two lines; one for Programmatic responsibilities with associated % of time and one for Administrative responsibilities with associated % of time. Identify Administrative positions in the Personal Narrative.
- List total fringe cost for all personnel.
- If the proposed project is currently operational provide information on the percentage of salary raises, if any, included in the requested budget. Justification must be provided for raises.
- If you anticipate cost of living or merit raises during the contract year, include the increases in the base annual salary charged to project, and note the effective date of the raise.

Fringe

- List the fringe rate(s) and the positions to which the rate(s) apply.
- The Total Fringe Benefits chargeable to this contract should not exceed the current approved fringe rate, which can be found on the NYS Office of the State Comptroller's web-site at <http://www.osc.state.ny.us/agencies/abulls/a605.htm> . A higher rate may be considered with justification; any such justification must be included with your application.
- Provide a complete list of benefits used to calculate rate(s); (i.e., Social Security-FICA, NYS Unemployment Insurance-SUI; NYS Disability Insurance and Worker's Compensation). These can be listed on the extra lines under "Personal Services" – Be sure to clearly identify "Fringe".

Position/Title	Annual Salary	% of Time	Salary x % of Time**	State Share	Grantee Share	Total Cost
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
1. Personnel Total						\$0
2. Fringe Benefits Total	<i>Enter Rate:</i>					\$0
3. Total Personal Services Costs						\$0

Personnel Narrative

Attach a description of the role/responsibility of each position included in the "Summary of Personnel Costs" Section on the previous page. Resumes of key project staff should be included as an addendum to the Project Narrative Section.

Position Title:

Enter Role/Responsibility Below

Travel

- Includes staff travel only.
- Consultant travel should be shown under the Subcontractor/Consultant category.
- Client travel should be shown under the Other Expenses category.
- Reimbursement for travel, lodging, and mileage costs will not exceed the State rates then in effect.
- The State bases travel reimbursements on the latest approved policies and rates set forth by the NYS Office of the State Comptroller (OSC).
- Approved mileage rates are updated on the OSC web page: <http://osc.state.ny.us/agencies/travel/mileage.htm>
- Travel costs include the following: air travel, train, personal auto, bus, taxi, parking fees, thruway tolls, lodging, and meals.
- Explain which staff will be traveling and the destination, purpose, and frequency of travel.
- For local/day travel and extended travel, list the following for each trip: destination, length of stay, purpose, number of travelers, mode of transportation and cost, meals and lodging costs.
- Any conferences or trainings to be attended need to be an integral and essential part of this particular program and necessary and in connection with the project to be funded.
- All out of state travel must be pre-approved by the State.

Item	State Share	Grantee Share	Total Costs
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
Total Travel Costs	\$0	\$0	\$0

Enter Budget Narrative Below:

Supplies

- Supplies are those items consumed during the term of this contract.
- Describe items to be purchased and provide details showing how estimated costs were developed.
- List major supply items (office, program, janitorial, etc.).
 - > Justify these costs in terms of number of staff and programmatic functions, and how the request relates to service provision.
 - > Delineate between Administrative and Program items.

Item	State Share	Grantee Share	Total Costs
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
Total Supplies Costs	\$0	\$0	\$0

Enter Budget Narrative Below:

Contractual and Consultant Costs

- Consultants may not be paid more than \$617/day, per federal guidelines.
- This category includes costs for institutions, individuals, or organizations external to the agency.
- Justify the need and/or purpose for the contractual/consultant services in the narrative.
- Include expenses for equipment rental/lease agreements.
- Specify the services to be provided and indicate how the cost was determined.
- Delineate between Administrative and Program items.
- Indicate whether consultant's rate includes travel and lodging.
- The OCFS share of travel expense must be based upon State guidelines; payment cannot exceed the State rates then in effect. Refer to: <http://osc.state.ny.us/agencies/travel/mileage.htm>
- If the consultant/contractor is reimbursed at an hourly rate, the hourly rate and the number of hours must calculate accurately and be included in the budget narrative.

Item	State Share	Grantee Share	Total Costs
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
Total Contractual/Consultant Costs	\$0	\$0	\$0

Enter Budget Narrative Below:

Training Expenses

- All proposed expenses relative to training volunteer generation program staff.
- Justify the need to training expenses.
- Specify the services to be provided and how the cost was determined.

Item	State Share	Grantee Share	Total Costs
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
Total Training Expenses	\$0	\$0	\$0

Enter Budget Narrative Below:

Evaluation Expenses

- All proposed evaluation expenses must be included.

Item	State Share	Grantee Share	Total Costs
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
Total Evaluation Expenses	\$0	\$0	\$0

Enter Budget Narrative Below:

Administrative Expenses

- Administrative costs are general or centralized expenses of the overall administrative of an organization that receives Corporation funds. Administrative costs do not include particular project costs. Cost may include administrative staff positions. For organizations that have an established indirect cost rate for federal awards, administrative costs mean those costs that are included in the organization's overall indirect cost rate. An organization may choose one of two methods to calculate allowable administrative/indirect expenses: The Corporation fixed percentage method or the federally approved indirect costs rate method. Regardless of the option chosen, the Corporation's share of administrative costs is limited to 5% of the total Corporation funds actually expended under this grant.

Item	State Share	Grantee Share	Total Costs
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
Total Other Program Operating Expenses	\$0	\$0	\$0

Enter Budget Narrative Below:

BUDGET SUMMARY

AGENCY NAME: _____

CONTRACTOR NAME: _____

PERIOD OF BUDGET: _____

The purpose of this form is to document the budget for the proposed project. Indicate the amount of funds being requested to support the proposed project under "State Funds."

Expense Category	State Share	Grantee Share	Total Project Cost
1	2	3	4
A. Personnel Services			
1. Project Staff Salaries			
2. Fringe Benefits			
3. Total Personnel Services (Add Lines 1 & 2)			
B. Non-Personnel Services			
4. Travel			
5. Equipment			
6. Supplies			
7. Contractual and Consultant Services			
8. Training			
9. Evaluation			
10. Total Non-Personnel Services (Add Lines 3 through 9)			
C. Administrative Costs			
D. Project Total (Add Line 3 + Line 9)			
		Grantee Share *Use calculation below	

*Grantee Match Calculation = Total Amount of Grantee Share divided by Total Project Cost

Total costs entered for each budget category above must reflect totals from previous Budget Sections.

Grantee Share refers to all funds other than this grant award, including in-kind contributions to support the project as described in the narrative section of the application. The type and amount of in-kind contributions should be specifically identified under the appropriate Budget Section. Total amount of the in-kind portion of Local Share should be entered in parenthesis next to Local Share Project Total space.

State Funds are the funds you are requesting through this application.

Budget Narrative: Complete the narrative section for each part of the budget. Instructions are included on the following application budget pages.

Note: All items in the Budget must be consistent with the goals and objectives of the Project Narrative. Additional budget narrative pages may be attached as necessary.

Grantee Share Detail

List the type and amount of Grantee Share that will support this program. To the extent possible, include the source of each funding type. Grantee Share may include: Cash/In-Kind Donations; Local, State or Federal Grants; etc.

NOTE: Each successful applicant will be required to provide documentation of local matching funds valued at 20% of total amount awarded in year one of this funding. Local matching requirements can be met with cash and/or in-kind resources that directly support activities to achieve the goals of the Volunteer Generation Fund. Applicants should note that the State Commission is required to match 20% of the total Volunteer Generation Fund award in year one, 30% in year two, 40% in year three and 50% in any subsequent years. The Commission projects that successful applicants of this RFP will remain at a required match level of 20% of their award for all years. However, applicants should be aware of the federal provisions and the potential for increased matching requirements, should State matching resources decrease or become unavailable after year one.

Cash Donations should be calculated on the basis of what the applicant organization can realistically expect to raise during the program year.

In-Kind Donations refers to equipment, furnishings and other non-personal expenses that are donated to support the function of this project.

Grants refer not only to the amount being requested under this grant but also to monies received (or applied for) from another funding source for activities related to this contract, e.g., state, federal, local.

2.4 Performance Measurement Template

See Part 1: Section 3.4 Performance Measures (p.20-22) for specific instructions on how to complete the Performance Measure Templates below.

Statewide Outcome: New York State will engage 350,000 new volunteers each year. Regional Volunteer Centers will track new and total number volunteers and activities they perform, utilizing a technology-based system.

Performance Measure #1 - New Volunteers

Baseline: *(Indicate existing number of volunteers serving in your Region of Service as accurately as possible.)*

Target: *(Indicate number of new volunteers will you recruit and place with a volunteer agency in your Region of Service.)*

Verification: *(What instruments or processes will you use to measure whether the proposed target was achieved?)*

Performance Measure #2 - Total Volunteers

Target: *(How many total volunteers (New + Existing) will be you recruit and place in your Region of Service?)*

Verification: *(What instruments or processes will you use to measure whether the proposed target was achieved?)*_

Statewide Outcome: A statewide infrastructure of volunteer agencies, led by volunteer centers, will be created, with the goal of increasing volunteers and improving volunteer management capabilities at the local level.

Performance Measure #3 – Volunteer Management Training

Baseline: *(Insert current efforts to provide Volunteer Management training within your Region of Service)*

Target: *(Insert total number of participants who will attend a Regional Volunteer Training Summits offered by your in Year 1 of your proposed program)*

(Insert the number of volunteer agencies you will partner with to identify training participants for each Regional Volunteer Training Summit in your Region of Service)

(Insert the total number of Regional Volunteer Training Summits your agency will offer in Year 1 of your proposed program)

(What are the anticipated outcomes of delivering these Regional Volunteer Training Summits?)

Verification: *(What instruments or processes will you use to measure whether the proposed target was achieved?)*__

Statewide Outcome: Volunteer Communication Infrastructure will be created or enhanced that include non-profits and other volunteer organizations in each Region of Service.

Performance Measure # 4 – Volunteer Communication Infrastructure

Baseline: *(Indicate what communications/networking systems currently exist among volunteer agencies within your Region of Service.)*

Target: *(How many volunteer agencies will you engage in the Communications Network you develop in your Region of Service in Year 1 of your proposed program?)*

(What systems will you put into place to establish a Communications Network within your Region of Service?) i.e.: email, in-person meetings, social media

Verification: *(What instruments or processes will you use to measure whether the proposed target was achieved?)*

Statewide Outcome: Skill-based volunteer opportunities will be expanded throughout the state and will be posted on the internet locally and statewide.

(Note: A Skill-Based Volunteer Position includes relevant, competency-based volunteer roles and opportunities that attract and retain high-quality volunteers.)

Performance Measure #5 – Skill-based Volunteer Opportunities

Baseline: *(Indicate existing number of Skill-based Volunteer Opportunities currently available in your Region of Service as accurately as possible)*

(Indicate existing number of Skill-based Volunteers currently serving in your Region of Service as accurately as possible)

Target: *(Indicate the number of Skill-based Volunteer Opportunities you will identify and attempt to fill will Skill-based Volunteers in your Region of Service.)*

(Indicate the number of Skill-based Volunteers that will be serving in your Region of Service as at the end of Year 1 of your proposed program.)

Verification: *(What instruments or processes will you use to measure whether the proposed target was achieved?)*

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
BIDDER IDENTIFICATION FORM

firm/Provider:		Address:		City:	State:	Zip:
Employer ID Number (required):			Additional PIN:		If Outside USA	
					Province	Country
Authorized Person:			Title:		E-Mail Address:	
Telephone: () -		Fax: () -		Signature:		Date:
<p>Organization Type</p> <p style="text-align: center;">Check one answer for each question This information is required for reporting purposes and to assure equal opportunity to bid.</p> <p>1. Type of Firm:</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Joint Venture</p> <p>2. <input type="checkbox"/> For-Profit <input type="checkbox"/> Not-For-Profit Provider <input type="checkbox"/> Municipality</p> <p>3. Meets definition of "Small Business Concern" <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. <input type="checkbox"/> MBE * <input type="checkbox"/> Women-Owned Business* <input type="checkbox"/> Neither</p> <p>If MBE Please check one of the following:</p> <p><input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American/Alaskan Indian</p> <p>* If checked, is your organization certified as a For-Profit Minority or Women-Owned Business by New York State?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>						

Bidders are hereby notified that if their principle place of business is located in a state that penalizes New York vendors, and if the goods or services they offer will be substantially produced or performed outside New York State, the Omnibus Procurement Act of 1994 amendments (Chapter 684, Laws of 1994) require that they be denied placement on bidders mailing lists and contracts for which they would otherwise obtain. Bidders of construction services must be denied the award of a contract if their principle place of business is located in a state that discriminates or imposes a preference against New York State firms jurisdiction.

A current list of states which penalize New York State firms is available from the Procurement Assistance Unit, New York State Empire State Development, Albany, New York 518-292-5250.

Instructions:

A **Not for Profit Corporation** is defined as an incorporated organization chartered for other than Profit-making activities. Most such organizations are engaged in charitable, educational, or other civic or humanitarian activities although they are not restricted to such activities.

A **Small Business Concern** is defined as a business which is resident in New York State, Independently owned and operated, not dominant in its field, and employs one hundred or less persons. A Not-For-Profit organization may be considered a Small Business Concern if it meets the preceding criteria.

A **Minority Business Enterprise (MBE)** is defined as any business which is at least fifty-one percent owned by, or in the case of a publicly owned business, at least fifty-one percent of the stock of which is owned by, **United States (U.S.)** citizens or permanent resident aliens who are:

- a. Black persons having origins in any of the black African racial groups; and/or
- b. Persons of Mexican, Puerto Rican, Dominican, Cuban, other Caribbean island, Central South American origin and /or national or community identification, whether of indigenous, Hispanic, Portuguese, French, Dutch, or other descent and regardless of race; and/or
- c. Asian and Pacific Islander persons having origins in any of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands; and/or
- d. American Indian or Alaskan Native person having origins in any of the origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification; and such ownership interest is real substantial and continuing. The minority ownership must have and exercise the authority to independently control the business decisions of the entity.

A **Minority Community Based Organization (MCBO)** is defined as a Not-For-Profit, local human service organization that has its origins in the geographic area comprised of one or more neighborhoods that it serves. A representative MCBO is therefore keenly aware of community needs as well as local resources to meet those needs. Generally, the governing bodies and personnel of community-based organizations reflect the racial, ethnic and cultural make-up of the community being serviced. A MCBO is characterized by majority representation of American Indians, Asian Americans, Blacks and/or Hispanics in both policy formulation and decision making regarding management, service delivery and staffing reflective of the area that it serves.

A **Woman-owned Business Enterprise (WBE)** is defined as any business enterprise which is at least fifty-one percent owned by, or in the case of publicly owned business, at least fifty-one percent of the stock of which is owned by citizens or permanent aliens who are woman. Such ownership interest must be real, substantial and continuing. The Women-Owned Ownership must have and exercise the authority to independently control the business decisions of the entity. (To meet the definition of an MBE or WBE, a Non-Profit organization must be controlled by a Board of Directors consisting of at least fifty-one percent minority individuals or women, respectively.)

NEW YORK STATE CERTIFIED MINORITY or WOMAN OWNED BUSINESS – Limited to For-Profit organizations which have been certified by the New York State Empire State Development as meeting the criteria for a Minority or Women Owned Business. Contact the New York State Empire State Development, Division of Minority and Women's business Development at 212-803-2414 or 518-292-5250 for certification assistance.

Non-Discrimination/Non-Sectarian Compliance

AGENCY NAME: _____

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| a. According to the Certificate of Incorporation, are the organization's purposes sectarian? (For example, is the organization a corporation organized under the religious corporation law or a corporation which has a corporate purpose to serve a particular religious group or to promote the doctrine of a particular religion in general?) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are any of the proposed services in your project sectarian in nature? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does the organization have as its goal the furthering of any sectarian purpose? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are the services to be provided by sectarian staff? (e.g. Clergy) | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are services being delivered in a building owned by a sectarian organization? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Are services direct educational services in connection with a school? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Will the proposed services be provided on the basis of race, religion, color, national origin or sex? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. What is the target population of the organization?

_____ | | |
| i. What will the organization do if individuals who are not part of your target population ask for services?

_____ | | |
| j. Will the organization serve, either through direct services or referrals, all who request assistance? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer(s) to any of the questions a-e, or g, are "yes", then justify why you should be funded below.

ORGANIZATION INFORMATION

For statistical purposes, check yes or no for each of the following items as it relates to your organization. (See Instructions and Examples)
(Leave No Blanks)

- | | | | | | |
|-------------------------|------------------------------|-----------------------------|----------------------|------------------------------|-----------------------------|
| Non-Profit Organization | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Women-Owned Business | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Minority Business | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Municipality | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Small Business | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |

New York State
OFFICE OF CHILDREN AND FAMILY SERVICES

BOARD OF DIRECTORS PROFILE

Must be completed, signed by the Board Chairperson, and included in application.
See Instructions on Page 2 of this form

APPLICANT AGENCY NAME: _____

Name, Address, and E-Mail	Current Occupation and Current Employer	Length of Service & Position on the Board
1.		
2.		
3.		
4.		
5.		
6.		
7.		

The number of directors constituting the entire Board must not be less than five/Not-for-Profit Corp. L. s702sub (a). The Office advises a manageable number of Board Directors to assure maximum working effectiveness. Of this number, the Office recommends Board composition to include individuals with experience in, or access to, legal matters, financial management, real estate knowledge, and administrative capability and "consumer" representation.

Date

Chairperson, Board of Directors

New York State
OFFICE OF CHILDREN AND FAMILY SERVICES

**BOARD OF DIRECTORS PROFILE
Not-For-Profit Organizations**

Instructions for Board of Directors Profile Form

The Board of Directors Profile Form OCFS-4552, must be completed. This includes Name, Address, E-mail, Current Occupation and Employer, Length of Service and Position on the Board and Board Chairperson's signature and date. The outlined points noted below must be followed with regard to the Board of Directors for Not-For-Profit Organizations.

- **For the purposes of this Request for Proposal, the number of members on the Board of Directors must not be less than five (5).** OCFS has determined that a five member board is necessary to show the maturity and depth of the organization as well as the capacity of the organization and the board to properly provide services and oversee the administration of the grant. The added board members show that the organization has a broad base of community support, and enhance the ability of the board to comprehensively oversee the functions and activities of the organization. The additional board members also protect against the problem that can arise when a board member unexpectedly leaves the board, as the Not-for-Profit Corporation Law requires that a not-for-profit corporation have at least three board members. The extra board members enable the corporation to continue to function properly under the law in the interval between the departure of a board member and the appointment of a replacement. Please attach minutes and attendance lists from the organizations last three board of directors meetings.
- Be sure ALL columns are filled in for each Board Member; list both occupation and employer for each Board Member. If one or more Board Members are retired, or otherwise not employed (ex.: "Community Volunteer", or "Homemaker"), please note that status in the second column as well as their previous or current occupation. If the Board Member is self-employed, the name and nature of their business must be included.
- Where the corporation is licensed by OCFS to operate residential facilities for victims of domestic violence, no board member (including non-voting, ex-officio members) of the corporation may be a paid employee of the applicant organization. This provision is non-waivable, and applies even if the contract in question is for an activity other than the operation of a residential facility for victims of domestic violence. If the Board of Directors Profile submitted lists a paid employee as a member of the Board of Directors, the contract cannot be approved until that individual is removed from the Board of Directors Profile.
- Only the chief executive officer (CEO) of a voluntary child-caring agency may serve as a non-voting member of the Board; other paid employees are subject to the same prohibition. No paid employee of a corporation requiring OCFS approval to incorporate may sit on the agency's Board, unless the individual is the CEO of a voluntary child-caring agency. There is no waiver available for this scenario. If the Board of Directors Profile for a voluntary child-caring agency submitted lists a paid employee other than the CEO as a member of the Board of Directors, the contract cannot be approved until that individual is removed from the Board of Directors Profile.
- Board members must avoid transactions involving the applicant organization in which they personally benefit or which create the appearance that they could personally benefit. Board members who are employed by government organizations must avoid situations in which they could use their official position or capacity for the benefit of the applicant organization or which create the appearance that they could use their official position or capacity for the benefit of the applicant organization. As such, social services district or other county employees, membership on a corporation's Board of Directors will be examined. OCFS will determine whether a conflict of interest or appearance of impropriety exists, and how, if at all, it can be rectified such that the individual can remain on the Board of Directors.
- For any board member employed by the local social services district or other county government agency whose Board of Directors services presents a potential conflict of interest or appearance of impropriety, a letter must be submitted with this application from the County Ethics Board, County Attorney or other appropriate local entity, stating that their service on the board does not constitute a conflict or otherwise violate applicable ethics provisions. OCFS will review the information submitted and advise the applicant organization accordingly. OCFS may request additional information in instances in which the potential for a conflict of interest or appearance of impropriety arises.
- You can attach a board listing, using a different form, as long as you use the OCFS form as your first page, entering "See Attached List": under number 1, and entering your agency name, date, and Board Chairperson's signature on the OCFS form.
- If you attach a board listing, using a different form, make sure all the required information on the OCFS form is conveyed on the attached form.

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES
**M/WBE SUBCONTRACTORS AND SUPPLIERS
 LETTER OF INTENT TO PARTICIPATE FORM**

Prime Contractor Information	
Contractor Name: (Prime Contractor Business Name)	Address:
Proposal/Contract Number:	Federal ID Number:
Contract Scope of Work: (Enter services, supplies, commodities to be provided or purchased)	

M/WBE Subcontractor/Supplier Information	
M/WBE Name: (Subcontractor Business Name)	Contact Person:
	Federal ID Number (if Applicable)
Address:	Telephone () -
Designation (Check any that Apply) <input type="checkbox"/> MBE – Subcontractor <input type="checkbox"/> MBE – Supplier <input type="checkbox"/> WBE – Subcontractor <input type="checkbox"/> WBE – Supplier Are you a NYS M/WBE Certified by the NYS Empire State Development Corp? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Joint Venture Section (Complete ONLY if you are in a Joint Venture)	
Name:	Federal ID Number:
Address:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE

Work/Services to be Provided by M/WBE Subcontractor/Supplier

Please specify in detail below, the particular items of work or services to be performed, and the materials or supplies to be purchased, including the cost for each, and the expected Contract start and completion dates for such work.

- Work/services to be performed:

Cost:
- Materials/Supplies to be purchased:

Cost:
- Date Supplies Ordered:
- Date Supplies Delivered:
- Date Proposal/Contract to Start:
- Date Proposal/Contract to Complete:

M/WBE Subcontractor/Supplier "Agreement/Signature" Section

This is to certify that the undersigned will enter into a formal agreement with the Prime Contractor to provide the work/services, at the cost and start/completion dates stated in the above "Work/Services To Be Provided" Section. The undersigned will enter into a formal agreement for the above work with the Contractor, ONLY upon the Contractor's execution of a contract with the OCFS. The above work will not be further subcontracted without the express written permission of the Contractor, and notification to OCFS.

Signature of M/WBE Subcontractor/Supplier

Date

Printed/Typed Name of M/WBE Subcontractor/Supplier

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES
SUBCONTRACTING UTILIZATION FORM

To Be Completed by Contractor				
Contractor Name:			Contact Person:	
Address:			Telephone: () -	
Project Name/RFP Title:		Contract Amount:		
Project Location:				
Description of Goods/Services/Supplies to be Provided:				
Subcontracting/Purchasing with Majority Vendors: (Enter anticipated total % of dollar amount to be spent with majority vendors (non-minority))				
Participation Goals Anticipated: (Enter anticipated total % of dollar amount to be spent with identified MBEs and/or WBEs at the start of the Contract)				
Participation Goals Achieved: (Enter Actual total % of dollar amount spent with identified MBEs and/or WBEs at the close of the Contract)				
List of Subcontractors/Suppliers:				
Firm Name and Address	Description of Services/Supplies	Amount	Date of Subcontract	Identify Whether MBE or WBE and if NYS Certified
				<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified
				<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified
				<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified
Contractors Agreement:				
My firm proposes to use the M/WBEs listed above.				
_____		_____		_____
(Signature of Contractor)		(Printed Name)		(Date)
TO BE COMPLETED BY OCFS CONTRACT MANAGER				
OCFS Contract Manager:			Telephone:	
			() -	
Contract Number:			Contract Amount:	
Date of Bid: (date RFP submitted)		Date Let: (date RFP awarded contract)		Completion Date (Contract end date)
FOR EODD USE ONLY				
Reviewed By: _____		Date: _____		M/WBE Firms:
				<input type="checkbox"/> Certified <input type="checkbox"/> Not Certified

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

PROJECT STAFFING PLAN FORM

DATE:

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Company/Grantee Information					
Company/Agency Name:	Contact Person:				
Address:	Title: Telephone:				
Is Agency Not-For-Profit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Federal ID#/NYS Payee ID# Contract #: Prime Contract <input type="checkbox"/> Sub-Contract <input type="checkbox"/>				
Reporting Period: From: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> To: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					OCFS Program Area:

Staffing Plan Information

NOTE: Determination of ethnicity of staff can be made by observation – Use your professional judgment in terms of where staff fall into the below listed categories

TITLE CATEGORY	TOTAL WORK FORCE	TOTAL WORK FORCE BY:		BLACK		HISPANIC		ASIAN/PACIFIC ISLANDER		ALASKAN/NATIVE AMERICAN		WHITE (NOT OF HISPANIC ORIGIN)		DISABLED		VIETNAM ERA VETERAN	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Officials/Administrators																	
Professionals																	
Technicians																	
Para-Professionals																	
Administrative Support (Clerical)																	
Skilled Craftworkers																	
Service Maintenance																	
TOTAL																	
Total By Percentage	N/A	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

**Vendor Responsibility Questionnaire
NOT-FOR-PROFIT BUSINESS ENTITY**

BUSINESS ENTITY INFORMATION				
LEGAL BUSINESS NAME:		EMPLOYER IDENTIFICATION NUMBER(EIN):		
ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE		TELEPHONE NUMBER:	FAX NUMBER:	
E-MAIL:		WEBSITE:		
AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE				
NAME:		TELEPHONE NUMBER:	FAX NUMBER:	
TITLE:		E-MAIL:		
List any other DBA, Trade Name, Other Identity, or EIN used in the last five (5) years, the state or county where filed, and the status (active or inactive): (if applicable).				
TYPE	NAME	EIN	STATE OR COUNTY WHERE FILED	STATUS
I. BUSINESS CHARACTERISTICS				
1.0 <input type="checkbox"/> Business Entity Type – Please check appropriate box and provide additional information:				
a) <input type="checkbox"/> Corporation (including PC)		Date of Incorporation:		
b) <input type="checkbox"/> Limited Liability Co. (LLC or PLLC)		Date Organized:		
c) <input type="checkbox"/> Limited Liability Partnership		Date of Registration:		
d) <input type="checkbox"/> Limited Partnership		Date Established:		
e) <input type="checkbox"/> General Partnership		Date Established:	County (if formed in NYS):	
f) <input type="checkbox"/> Sole Proprietor		How many years in business?		
g) <input type="checkbox"/> Other		Date Established:		
If Other, explain:				
1.1 Was the Business Entity formed in New York State?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No" indicate jurisdiction where Business Entity was formed:				
<input type="checkbox"/> United States		State		
<input type="checkbox"/> Other		Country		
1.2 Is the Business Entity currently registered to do business in New York State with the Department of State? Note: Select "Not Required" if the Business Entity is a sole Proprietor or General Partnership.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required
If "No", explain why the business Entity is not required to be registered in New York State.				
1.3 Is the Business Entity registered as a Sales Tax Vendor with the New York State Department of Taxation and Finance?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", explain and provide detail, such as "not required", "application in process", or other reasons for not being registered.				
1.4 Is the Business Entity a Joint Venture? Note: if the submitting Business Entity is a Joint Venture, also submit a separate questionnaire for the Business Entity comprising the Joint Venture.				<input type="checkbox"/> Yes <input type="checkbox"/> No

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES
Vendor Responsibility Questionnaire
NOT-FOR-PROFIT BUSINESS ENTITY

I. BUSINESS CHARACTERISTICS			
1.5 Does the Business Entity have an active Charities Registration Number?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Enter Number: If Exempt/Explain: If an application is pending, enter date of application: Attach a copy of the application			
1.6 Does the Business Entity have a DUNS Number?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Enter DUNS Number:			
1.7 Is the Business Entity's Principal Place of Business/Executive Office in New York State? If "No" does the Business Entity maintain an office in New York State?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Provide the address and telephone number for one New York Office:			
1.8 Is the Business Entity's principal place of business/Executive Office?			
<input type="checkbox"/> Owned <input type="checkbox"/> Rented Landlord Name (if "rented") <input type="checkbox"/> Other Provide explanation (if "Other")			
Is space shared with another Business Entity?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of other Business Entity:			
Address:			
City:	State:	Zip Code:	Country:
1.9 Is the Business Entity a Minority Community Based Organization (MCBO)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
1.10 Identify current Key Employees of the Business Entity. Attach additional pages if necessary.			
NAME:		TITLE:	
NAME:		TITLE:	
NAME:		TITLE:	
1.11 Identify current Trustees/Board Members of the Business Entity. Attach additional pages if necessary.			
NAME:		TITLE:	
NAME:		TITLE:	
NAME:		TITLE:	
II. AFFILIATES AND JOINT VENTURE RELATIONSHIPS			
2.0 Does the Business Entity have any Affiliates?: <i>Attach additional pages if necessary. (If no proceed to Section III)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
AFFILIATE NAME:	AFFILIATE EIN (if available):	AFFILIATES PRIMARY BUSINESS ACTIVITY:	
Explain relationship with the Affiliate and indicate percent ownership, if applicable (enter N/A, if not applicable):			
Are there any Business Entity Officials or Principal Owners that the Business Entity has in common with this Affiliate?			<input type="checkbox"/> Yes <input type="checkbox"/> No
INDIVIDUAL'S NAME:		POSITION/TITLE WITH AFFILIATE:	

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES
Vendor Responsibility Questionnaire
NOT-FOR-PROFIT BUSINESS ENTITY

III. CONTRACT HISTORY	
3.0 Has the Business Entity held any contracts with New York State government entities in the last three (3) years? If "Yes" complete the attached "Contract History List" at the end of this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
IV. INTEGRITY – CONTRACT BIDDING Within the past five(5) years, has the Business Entity or any Affiliate	
4.0 been suspended or debarred from any government contracting process or been disqualified on any government procurement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1 been subject to a denial or revocation of a government prequalification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2 been denied a contract or had a bid rejected based upon a finding of non-responsibility by a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3 agreed to a voluntary exclusion from bidding/contracting with a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4 initiated a request to withdraw a bid submitted to a government entity or made any claim of an error on a bid submitted to a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes" answer above provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
V. INTEGRITY – CONTRACT AWARD Within the past five(5) years, has the Business Entity or any Affiliate	
5.0 been suspended, cancelled or terminated for cause on any government contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.1 been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any government contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2 entered into a formal monitoring agreement as a condition of a contract award from a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes", provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
VI. CERTIFICATIONS/LICENSES	
6.0 Within the past five (5) years, has the business Entity or any Affiliate had a revocation, suspension or disbarment of any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
VII. LEGAL PROCEEDINGS Within the past five(5) years, has the Business Entity or any Affiliate	
7.0 been the subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.1 been the subject of an indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2 received any OSHA citation and Notification of Penalty containing a violation classified as serious or willful?	<input type="checkbox"/> Yes <input type="checkbox"/> No

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES
Vendor Responsibility Questionnaire
NOT-FOR-PROFIT BUSINESS ENTITY

VII. LEGAL PROCEEDINGS Within the past five (5) years, has the Business Entity or any Affiliate	
7.3 had any New York State Labor Law violation deemed willful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.4 entered into a consent order with the New York State Department of Environmental Conservation, or a Federal, State or local government enforcement determination involving a violation of federal, state or local environmental laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.5 other than the previously disclosed: (i) Been subject to the imposition of a fine or penalty in excess of \$1,000 imposed by any government entity as a result of the issuance of citation, summons or notice of violation, or pursuant to any administrative, regulatory, or judicial determination; or (ii) Been charged or convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes" answer provide an explanation of the issue(s), the business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates, and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
VIII. LEADERSHIP INTEGRITY <i>Note: If the Business Entity is a Joint Venture Entity, answer "N/A-Not Applicable" to questions 8.0 thru 8.4.</i> Within the past five (5) years has any individual previously identified, any other Key Employees not previously identified, or any individual having the authority to sign, execute or approve bids, proposals, contracts or supporting documentation with New York State been subject to	
8.0 a sanction imposed relative to any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.1 an investigation, whether open or closed, by any government entity for a civil or criminal violation for any business related conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.2 an indictment, grant of immunity, judgment, or conviction of any business related conduct constituting a crime including, but not limited to, fraud, extortion, bribery, racketeering, price fixing, bid collusion or any crime related to truthfulness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.3 a misdemeanor or felony charge, indictment or conviction for: (i) any business-related activity including but not limited to fraud, coercion, extortion, bribe or bribe receiving, giving or accepting unlawful gratuities, immigration or tax fraud, racketeering, mail fraud, wire fraud, price fixing or collusive bidding; or (ii) any crime, whether or not business related, the underlying conduct of which related to truthfulness, including but not limited to the filing of false documents or false sworn statements, perjury or larceny?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.4 a debarment from any government contracting process?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
For each "Yes" answer, provide an explanation of the issue(s), the individual involved, the government entity involved, the relationship to the submitting Business Entity, relevant dates, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES
Vendor Responsibility Questionnaire
NOT-FOR-PROFIT BUSINESS ENTITY

IX. FINANCIAL AND ORGANIZATIONAL CAPACITY	
9.0 Within the past five (5) years, has the Business Entity or any Affiliates received any formal unsatisfactory performance assessment(s) from any government entity on any contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the Government Entity involved, relevant dates, and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.1 Within the past five (5) years, has the Business Entity or any Affiliates had any liquidated damages assessed over \$25,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the contracting party involved, the amount assessed and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.2 Within the past five (5) years, has the Business Entity or any Affiliates had any liens, claims or judgments over \$15,000 filed against the Business Entity which remain undischarged or were unsatisfied for more than 120 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the lien holder or claimant's name(s), the amount of the lien(s) claim(s), or judgment(s) and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.3 Within the last seven (7) years, has the Business Entity or any Affiliates initiated or been the subject of any bankruptcy proceedings, whether or not closed, regardless of the date of filing, or is any bankruptcy proceeding pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", provide the Business Entity involved, the relationship to the submitting Business Entity, the Bankruptcy Chapter Number, the Court name, and the Docket Number. Indicate the current status of the proceedings as "Initiated," "Pending" or "Closed." Provide answer below or attach additional sheets with numbered responses.	
9.4 During the past three (3) years, has the Business Entity and any Affiliates failed to file or pay any tax returns required by federal, state or local tax laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", provide the Business Entity involved, the relationship to the submitting Business Entity, the taxing jurisdiction (federal, state or other), the type of Tax, the Liability year(s), the Tax Liability amount the Business Entity failed to file/pay and the current status of the Tax Liability. Provide answer below or attach additional sheets with numbered responses.	
9.5 During the past three (3) years, has the Business Entity and any Affiliates failed to file or pay any New York State unemployment insurance returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", provide the Business Entity involved, the relationship to the submitting Business Entity, the year(s) the Business Entity failed to file/pay the insurance, explain the situation and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.6 During the past three (3) years, has the Business Entity or any Affiliates had any government audits? If yes, respond to a. and b. below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "Yes" did any audit reveal material weaknesses in the Business Entity's system of internal controls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If "Yes", did any audit reveal non-compliance with contractual agreements or any material disallowance (if not previously disclosed in 9.6)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" is answered to #9.6 a. and/or #9.6 b. above, provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, relevant dates, the government entity involved, and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES
Vendor Responsibility Questionnaire
NOT-FOR-PROFIT BUSINESS ENTITY

X. FREEDOM OF INFORMATION LAW (FOIL)	
10.0 Indicate whether any information supplied herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL). Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate the question number(s) and explain the basis for the claim.	

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES
Vendor Responsibility Questionnaire
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CERTIFICATION

The undersigned recognizes that this questionnaire is submitted for the express purpose of assisting the State of New York or its agencies or political subdivisions in making a determination regarding an award of contract or approval of a subcontract; acknowledges that the State or its agencies or political subdivisions may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; and acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination; and states that the information submitted in this questionnaire and any attached pages is true, accurate and complete.

- The undersigned certifies that he/she:
is knowledgeable about the submitting Business Entity's business and operations;
has read and understands all of the items contained in the Questionnaire;
has not altered the content of the question set in any manner;
has reviewed and/or supplied full and complete responses to each question;
to the best of their knowledge, information and belief, confirms that the Business Entity's responses are true, accurate and complete, including all attachments; if applicable;
understands that New York State will rely on information disclosed in this Questionnaire when entering into a contract with the Business Entity; and
is under obligation to update the information provided herein to include any material changes to the Business Entity's responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the state's contracting entity or the Office of the State Comptroller prior to the award an/or approval of a contract, or during the term of the contract.

NAME OF BUSINESS/CONTRACTOR:
(Legally Incorporated Name)
(Signature) (Title) (Date)
NOTARIZATION:
STATE OF NEW YORK
COUNTY OF () SS.:
On this ___ day of ___, 20___, before me personally came
to me known, who being sworn did depose and say that he/she
resides in ___; that he/she is the ___
of ___
Corporation described herein and which executed the above instrument; and that he/she signed his/her name thereto by like order of the board of Directors of said Corporation.
My Commission Expires ___
(Notary Public) (Date)

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

Vendor Responsibility Questionnaire
NOT-FOR-PROFIT BUSINESS ENTITY

CONTRACT HISTORY LIST

FOR ALL CONTRACTS AND SUBCONTRACTS WITH ANY New York STATE GOVERNMENT ENTITIES DURING THE LAST 3 YEARS, PLEASE PROVIDE THE INFORMATION REQUESTED BELOW (SEE QUESTION # 3.0 ON PAGE 3 OF THIS FORM). (PHOTOCOPY AND ATTACH ADDITIONAL PAGES AS NECESSARY).

Public Agency Name:	
Contract Number:	
Contract Amount:	
Program Name:	
Contract Term:	
Government Contact Person:	
Telephone Number:	
E-mail Address:	

Public Agency Name:	
Contract Number:	
Contract Amount:	
Program Name:	
Contract Term:	
Government Contact Person:	
Telephone Number:	
E-mail Address:	

Public Agency Name:	
Contract Number:	
Contract Amount:	
Program Name:	
Contract Term:	
Government Contact Person:	
Telephone Number:	
E-mail Address:	

Public Agency Name:	
Contract Number:	
Contract Amount:	
Program Name:	
Contract Term:	
Government Contact Person:	
Telephone Number:	
E-mail Address:	

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES
Contract Developer, Contract Signatory and Contract Claim Signatory
Authorization Form for the On-Line Contract Management System (CMS)

Organization Information		<input type="checkbox"/> Check here if this organization already has an account in CMS
Legal Name <input style="width: 100px;" type="text"/>		
Doing Business As (DBA) Name (if applicable) <input style="width: 100px;" type="text"/>		
Federal Id <input style="width: 50px;" type="text"/>	Muni Code (if applicable) <input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/>	
Street Address 1 <input style="width: 100px;" type="text"/>		
Street Address 2 <input style="width: 100px;" type="text"/>		
City <input style="width: 50px;" type="text"/>	State <input style="width: 50px;" type="text" value="New York"/>	Zip <input style="width: 50px;" type="text"/>
Contractor: User Designation		<input type="checkbox"/> Check here if this individual already has a CMS account
Name <input style="width: 100px;" type="text"/>		
Title <input style="width: 100px;" type="text"/>		
Email Address* <input style="width: 100px;" type="text"/>		
Phone Number <input style="width: 100px;" type="text"/>		
Contract User Address		
Street Address 1 <input style="width: 100px;" type="text"/>		
Street Address 2 <input style="width: 100px;" type="text"/>		
City <input style="width: 50px;" type="text"/>	State <input style="width: 50px;" type="text" value="New York"/>	Zip <input style="width: 50px;" type="text"/>
Signature: _____		
Contractor: User Role Designation		
<input type="checkbox"/> Contract Developer	<input type="checkbox"/> Check here to designate as a primary user for this role <input type="checkbox"/> Check here to delete existing Contract Developer account	
<input type="checkbox"/> Contract Signatory	<input type="checkbox"/> Check here to designate as a primary user for this role <input type="checkbox"/> Check here to delete existing Contract Signatory account	
<input type="checkbox"/> Contract Claim Signatory	<input type="checkbox"/> Check here to designate as a primary user for this role <input type="checkbox"/> Check here to delete existing Contract Claim Signatory account	
<p>This Section is to be completed by the Head of the Organization or Chief Administrative Officer. I hereby authorize the Contract Developer identified above to develop contracts online using CMS (or to be deleted as indicated), the identified Claim Signatory identified above to electronically log and sign contract claims (or to be deleted as indicated) and also authorize the Contract Signatory identified above to electronically sign contracts (or to be deleted as indicated) on behalf of our organization.</p>		
Name <input style="width: 100px;" type="text"/>		
Title <input style="width: 100px;" type="text"/>		
Email Address <input style="width: 100px;" type="text"/>		
Phone Number <input style="width: 100px;" type="text"/>		
Signature: _____		

*This should be an individual email address. Confidential User Id information will be emailed to this address.

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES
**Instructions for completing the Contract Developer, Contract Signatory &
Contract Claim Signatory Authorization Form for the
On-line Contract Management System (CMS)**

Organization Information

All fields on the form must be completed; the only exceptions are the DBA Name and Muni Code.

An organization chart must be submitted that indicates where the organization head or the Chief Administrative Officer and the contract developer and signatory appear in relation to the Board of Directors and the organization.

- ✓ Check the appropriate box if the organization already has an account in CMS.
- ✓ Muni Code - The municipal code is used only for municipal organizations. If it does not apply, the box would be left blank. Questions regarding municipal codes should be directed to the OCFS Contract Manager.
- ✓ Legal Name – Enter as it appears on the Articles of Incorporation or Business Certification.
- ✓ Federal ID – Enter your 9 digit federal ID; please do not enter any dashes (-).
- ✓ State – New York is automatically filled in. If different, delete and enter appropriate State.

Contract Developer, Contract Signatory and Claim Signatory Information

- ✓ Please designate only one user per form. Use multiple forms for multiple users. Check the appropriate box to indicate whether the individual already has one or more accounts in CMS.
- ✓ Email Address – This should be an individual email address. The confidential username will be emailed to this address. The password will be provided separately. A company email address accessible by multiple persons should not be used. Confidential communication between OCFS and the Contract Developer and Contract Signatory regarding this account will be sent to this address.
- ✓ Phone Number – Mandatory. If there is a problem with the email address, OCFS will call this number to resolve any issues with the account.
- ✓ Please designate the user role(s). Check the Contract Developer, Contract Signatory, and/or Contract Claim Signatory box to indicate the type of account(s) you are authorizing OCFS to create or delete. Note that OCFS recommends that at least two Contract Developers, Contract Signatories, and Contract Claim Signatories be assigned for each organization.
- ✓ Check the appropriate box to indicate whether the individual will be the primary designee for this account type
- ✓ Check the appropriate box to delete this account (terminate user access).

Signed Authorization Form(s) must be received before an organization can use CMS; please return the Authorization Form(s) with your proposed submittal.

ⁱ *The Chief Administrative Officer is defined as the person who is responsible for the contractor's overall administration, eg. Executive Director, County Executive, or Agency Commissioner*