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**State Commission on
National & Community Service**

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New York State
Office of National and Community Service



**2012 AmeriCorps State
Request for Proposals**

GRANT PROCUREMENT

*AmeriCorps*State Operating Grant, State Education Only Grant, Fixed-Cost Grant,*

APPLICATIONS DUE DECEMBER 7, 2011

**PART II
Required Application Forms**

PART II – Required Application Forms

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**Most Recent A-133 Audit or Certified Financial Statements*

Section One: Required Application Forms

1.1 Required Application Forms Check List



Required Application Forms 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.

- Required Application Form Check List
- SF-424 Application for Federal Assistance Instructions & Face Sheet
- Bidder Identification Form
- Non-Discrimination/Non-Sectarian Compliance Form
- Board of Directors Profile Instructions & Profile Form / Not-For-Profit Corporations
- M/WBE Subcontractors and Suppliers Letter of Intent to Participate Form
- Subcontracting Utilization Form
- Staffing Plan Form
- Vendor Responsibility Questionnaire
- Contract Developer, Signatory & Claim Signatory Authorization Form

- Most Recent A-133 Audit or Certified Financial Statements**
All applicant agencies must submit their most recent A-133 Audit of their organization or Certified Financial Statements with their AmeriCorps application materials to be considered for funding.

1.2 SF-424 Application For Federal Assistance Instructions & Face Sheet

Modified Standard Form 424 (Rev. 11/02 to conform to eGrants)

This form is required for applications submitted for federal assistance.

Item

1. Filled in for your convenience.
2. Self-explanatory.
3. 3. a. and 3. b. are for state use only (if applicable).
4. Item 4. a: Leave blank.
Item 4. b: If you are a recipient in year 2 or 3 of an already-awarded grant, enter the grant number, otherwise, leave blank.
5. Enter the following information:
 - a. The complete name of the organization that will be legally responsible for the grant, not the name of the organizational unit within the legally responsible organization. (For example, indicate "National University" instead of "Liberal Arts Department.")
 - b. Your organization's DUNS number (received from Dun and Bradstreet). **This is a required field. Please see the Notice for instructions on how to obtain a DUNS number.**
 - c. The name of the primary organizational unit that will undertake the assistance activity, if different from 5. a.
 - d. Your organization's complete address with the 9 digit ZIP+ 4 code.
 - e. The name and contact information of the project director or other person to contact on matters related to this application.
6. Enter your Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
7. Item 7. a.: Enter the appropriate letter in the box.
Item 7. b.: Please enter the characteristic(s) that best describe your organization.

K-12 Education

- 1 School (K-12)
- 2 Local Education Agency
- 3 State Education Agency

Higher Education

- 4 Vocational/Technical College
- 5 Community College
- 6 2-year College
- 7 4-year College
- 8 Hispanic Serving College or University
- 9 Historically Black College or University
- 10 Tribally Controlled College or University

Non-Profit Organizations

- 11 Community-Based Organization
- 12 Faith-Based Organization
- 13 Chamber of Commerce/ Business Association
- 14 Community Action Agency/ Program
- 15 Service/Civic Organization
- 16 Volunteer Management Organization
- 17 Self-Incorporated Senior Corps Project
- 18 Statewide Association
- 19 National Non-Profit (Multistate)
- 20 Local Affiliate of National Organization
- 21 Tribal Organization (Non-government)
- 22 Other Native American Organization

Government

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 23 Local Government-Municipal 24 Health Department 25 Law Enforcement Agency 26 Governor's Office 27 State Commission/Alternative Administrative Entity | <ol style="list-style-type: none"> 28 Other State Government 29 Tribal Government Entity 30 Area Agency on Aging 31 US Territory |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

8. Check the appropriate box for type of application and enter the appropriate letter(s) in the lower boxes:
 - Check "New" if your organization has never held a competitive AmeriCorps State or National grant before. If your organization had a state formula grant, check "New."
 - Check "New Application/Previous Grantee" if your organization has held an AmeriCorps State or National grant in the past and this application is for a new grant.
 - Check "Continuation" if you are a grantee applying for an additional year of funding within an existing multi-year grant project period. AmeriCorps State and National grants are typically awarded for three-year periods.
9. Filled in for your convenience.

10. Use the following list of CFDA (Catalog of Federal Domestic Assistance) numbers for the applicable program listing, or other source if so instructed in the *Notice*: 94.006 AmeriCorps State and National.
11. Enter the project title.
- a. When applying for a "Continuation" or "Amendment" applicants should use the same title as used for their existing grant program. When applying as a "New Applicant/Previous Grantee" if the application is for re-funding of a previous grant program, use the same title as was used in the prior grant program if appropriate (i.e., if the program is unchanged).
 - b. Enter the name of the program initiative, if any, as provided in the instructions corresponding to the *Notice* for which you are applying; otherwise, leave blank.
12. List only the largest political entities affected (e.g., counties, and cities). Please include the two-letter abbreviation with both letters capitalized for each state where you plan to operate. Separate each two letter state abbreviation with a comma. For city or county information, please follow each one with the two-letter capitalized state abbreviation.
13. (See item 8) "New" application or "New application/previous grantee:" Enter the dates for the proposed three-year project period. "Continuation" or "Amendment" application: Enter the dates of the approved three-year project period. Performance Period: this appears only in eGrants, and is for the use of staff only.
14. Leave blank, staff use only.
15. Estimated Funding. Check the appropriate box to indicate the grant year for which funding is being requested. Enter the amount requested or to be contributed **during this budget period** on each appropriate line, as shown below. The value of in-kind contributions should be included in these amounts, as applicable. For revisions (See item 8), if the action will result in a dollar change to an existing award, include **only** the amount of the change. For decreases, enclose the amounts in parentheses.
- | | |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. Federal | The total amount of federal funds being requested in the budget. |
| b. Applicant | The total amount of the applicant share as entered in the budget. |
| a. State | The amount of the applicant share that is coming from state sources. |
| d. Local | The amount of the applicant share that is coming from local governmental sources (e.g., city, county and other municipal sources). |
| e. Other | The amount of the applicant share that is coming from non-governmental sources. |
| f. Program Income | The amount of the applicant share that is coming from income generated by programmatic activities (i.e., use of the additive option where program income is used to increase the size of the program). |
| g. Total | The applicant's estimate of the total funding amount for the agreement. |
16. Pre-filled for your convenience. This program is excluded from coverage by State Executive Order 12372.
17. Check the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans, and taxes. If Yes, attach an explanation.
18. The person who signs this form must be the applicant's authorized representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.

Note: Falsification or concealment of a material fact, or submission of false, fictitious or fraudulent statements or representations to any department or agency of the United States Government may result in a fine of not more than \$10,000 or imprisonment for not more than five (5) years, or both. (18 U.S. Code Section 1001)

APPLICATION FOR FEDERAL ASSISTANCE
Standard Form 424 (Rev. 2-2007) Prescribed by OMB Circular A-102

1. TYPE OF SUBMISSION:
Application Non-Construction

2. a. DATE SUBMITTED:	3. a. DATE RECEIVED BY STATE:	3. b. STATE APPLICATION IDENTIFIER:
2. b. APPLICATION IDENTIFIER:	4. a. DATE RECEIVED BY FEDERAL AGENCY:	4. b. FEDERAL IDENTIFIER: (Staff Only)

5. APPLICANT INFORMATION

5. a. LEGAL NAME: 5. b. ORGANIZATIONAL DUNS: 5. c. ORGANIZATIONAL UNIT (DEPARTMENT/DIVISION):	5. e. NAME AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (<i>give area code</i>):
5. d. ADDRESS (<i>give street address, city, county, state and zip code</i>): STREET: CITY: COUNTY: STATE: COUNTRY:	NAME: TELEPHONE NUMBER: () - FAX NUMBER: () - EMAIL:

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

7. a. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State	H. Independent School District
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Private Non-Profit Organization
O. Federal Government	P. HQ Internal Organizations
Q. State Education Agency	R. Territory
S. Other (specify) _____	

8. TYPE OF APPLICATION

<input type="checkbox"/> NEW	<input type="checkbox"/> NEW/PREVIOUS GRANTEE
<input type="checkbox"/> CONTINUATION	<input type="checkbox"/> REVISION

If Revision, enter appropriate letter(s) in box(es):

A. AUGMENTATION B. BUDGET REVISION:

C. NO COST EXTENSION to (*enter date*)

E. OTHER (*specify below*)

7. b. CNCS APPLICANT CHARACTERISTICS
Enter appropriate codes: _____

9. NAME OF FEDERAL AGENCY:
Corporation for National and Community Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

11. a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. AREAS AFFECTED BY PROJECT (*Cities, Counties, States, etc.*):

11. b. CNCS PROGRAM INITIATIVE (IF ANY):

13. PROPOSED PROJECT:
START DATE: ENDING DATE:

14. Performance Period (Staff Use Only)

15. ESTIMATED FUNDING: Yr 1: Yr.2: Yr. 3:

a. FEDERAL	\$
b. APPLICANT	\$
c. STATE	\$
d. LOCAL	\$
e. OTHER	\$
f. PROGRAM INCOME	\$
g. TOTAL	\$

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE:

b. NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
 YES If "Yes," attach an explanation. NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:	b. TITLE:	c. TELEPHONE NUMBER: () -
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:	e. DATE SIGNED:	

1.3 Bidder Identification Form

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:	
Organization Type						
<p>Check one answer for each question This information is required for reporting purposes and to assure equal opportunity to bid.</p>						
1 Type of Firm:						
<input type="checkbox"/> Corporation		<input type="checkbox"/> Partnership		<input type="checkbox"/> Proprietorship		<input type="checkbox"/> Joint Venture
<input type="checkbox"/> For-Profit		<input type="checkbox"/> Not-For-Profit Provider		<input type="checkbox"/> Municipality		
3 Meets definition of "Small Business Concern"				<input type="checkbox"/> Yes		<input type="checkbox"/> No
4 <input type="checkbox"/> MBE *		<input type="checkbox"/> Women-Owned Business*		<input type="checkbox"/> Neither		
If MBE Please check one of the following:						
<input type="checkbox"/> Black		<input type="checkbox"/> Hispanic		<input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> American/Alaskan Indian
* If checked, is your organization certified as a For-Profit Minority or Women-Owned Business by New York State?						
<input type="checkbox"/> Yes		<input type="checkbox"/> No				

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.

1.4 Non-Discrimination/Non-Sectarian Compliance Form

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
Non-Discrimination/Non-Sectarian Compliance Form

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. (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"/> | | | |

1.5 Board of Directors Profile Instructions & Form

Instructions for Board of Directors Profile Form Instructions

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.

- 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

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.

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 three/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

1.6 M/WBE Subcontractors and Suppliers 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 () -
<p>Designation (Check any that Apply)</p> <p style="text-align: center;"> <input type="checkbox"/> MBE – Subcontractor <input type="checkbox"/> MBE – Supplier <input type="checkbox"/> WBE – Subcontractor <input type="checkbox"/> WBE – Supplier </p> <p>Are you a NYS M/WBE Certified by the NYS Empire State Development Corp?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Joint Venture Section (Complete ONLY if you are in a Joint Venture)</p>	
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

1.7 Sub-Contracting Utilization Form

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

1.8 Staffing Plan Form

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STAFFING PLAN FORM

DATE:

--	--	--

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		
Officials/Administrators																	
Professionals																	
Technicians																	
Para-Professionals																	
Administrative Support (Clerical)																	
Skilled Craftworkers																	
Service Maintenance																	
TOTAL																	
TOTAL BY PERCENTAGE	N/A	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

1.9 Vendor Responsibility Questionnaire

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

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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? Attach additional pages if necessary. (If no proceed to Section III)			<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:	

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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

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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.	

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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: a. If "Yes" did any audit reveal material weaknesses in the Business Entity's system of internal controls? 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <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.	

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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.	

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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)	

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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:	

1.10 Contract Developer, Signatory & Claim Signatory Authorization Form

New York State
Office of Children and Family Services
Contract Developer, Signatory and 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: 100%;" type="text"/>			
Doing Business As (DBA) Name (if applicable) <input style="width: 100%;" type="text"/>			
Federal Id <input style="width: 100%;" type="text"/>		Muni Code (if applicable) <input style="width: 100%;" type="text"/>	
Street Address 1 <input style="width: 100%;" type="text"/>			
Street Address 2 <input style="width: 100%;" type="text"/>			
City <input style="width: 100%;" type="text"/>		State <input style="width: 100%;" type="text" value="New York"/>	Zip <input style="width: 100%;" type="text"/>
Contractor User Designation		<input type="checkbox"/> Check here if this individual already has a CMS account	
Name <input style="width: 100%;" type="text"/>			
Title <input style="width: 100%;" type="text"/>			
Email Address* <input style="width: 100%;" type="text"/>			
Phone Number <input style="width: 100%;" type="text"/>			
Contract User Address			
Street Address 1 <input style="width: 100%;" type="text"/>			
Street Address 2 <input style="width: 100%;" type="text"/>			
City <input style="width: 100%;" type="text"/>		State <input style="width: 100%;" type="text" value="New York"/>	Zip <input style="width: 100%;" 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	
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.			
Name <input style="width: 100%;" type="text"/>			
Title <input style="width: 100%;" type="text"/>			
Email Address <input style="width: 100%;" type="text"/>			
Phone Number <input style="width: 100%;" type="text"/>			
Signature: _____			

New York State Office of Children and Family Services
Instructions for Completing the Contract Developer, Contract Signatory, and 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.

Contact Person(s)				
Key Contacts	Name	Address	Telephone & E-Mail Address **	Authorized to Sign Contracts and/or Vouchers
Board Chairperson				
Chief Administrative Officer ⁱ				
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 reserves 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.

X

 Signature of Authorized Official

 Typed Name and Title

 Date