

New York State Department of Agriculture and Markets

IFB0120: BEDDING AND MANURE REMOVAL AND DISPOSAL NEW YORK STATE FAIRGROUNDS

SUBMISSION DOCUMENTS

CONTENTS

- Checklist for Bid Response and Minimum Qualifications **and** all required supporting documentation listed in the checklist to demonstrate bidder meets the Minimum Qualifications
- Bid Form (Signature Required)
- Mandatory Requirements Certification Form (Signature Required)
- Non-Collusive Bidding Certification Form (Signature Required)
- MacBride Nondiscrimination Certification Form (Signature Required)
- Procurement Lobbying Law Forms (Signature Required)
- Vendor Responsibility (Signature Required)
- MWBE/EEO Forms (Signatures Required)
- Substitute W-9 Form to obtain SFS Vendor ID (Return if ID needed -Signature Required)

CONTRACT DOCUMENTS

- Contract Cover Page
- Appendix A – Required Clauses for all NYS Contracts (will be part of any contract)
- Appendix D – General Conditions New York State Department of Agriculture & Markets
- Appendix E – Special Conditions New York State Department of Agriculture & Markets

New York State Department of Agriculture and Markets

IFB0120: BEDDING AND MANURE REMOVAL AND DISPOSAL NEW YORK STATE FAIRGROUNDS

SUBMISSION DOCUMENTS CHECKLIST

To be completed by Bidder	BID RESPONSE ITEM	FOR AGR USE ONLY Minimum Qualifications
	The following forms and documentation shall be submitted at the time of bid submission.	
<input type="checkbox"/>	Attachment 1 – Bid Form	<input type="checkbox"/>
<input type="checkbox"/>	Attachment 2 – Mandatory Requirements Certification Form	<input type="checkbox"/>
<input type="checkbox"/>	Attachment 3 – Non-Collusive Bidding Certification	<input type="checkbox"/>
<input type="checkbox"/>	Attachment 4 - MacBride Nondiscrimination Certification	<input type="checkbox"/>
<input type="checkbox"/>	Attachment 5 – Procurement Lobby Law Forms	<input type="checkbox"/>
<input type="checkbox"/>	Attachment 6- Vendor Responsibility	<input type="checkbox"/>
<input type="checkbox"/>	Attachment 7- MWBE/EEO Forms	<input type="checkbox"/>
<input type="checkbox"/> <i>RETURN IF SFS VENDOR ID IS REQUESTED</i>	Attachment 8 – Substitute W-9 Form to obtain SFS ID	<i>Not a requirement</i>
<input type="checkbox"/>	Bidder demonstrated that the bidder owns or has access to the motorized equipment and vehicles required under the contract pursuant to the Equipment requirements set forth in Section 2.2.3 of this IFB. Bidder submitted a list of all equipment to be used for this engagement including proof of ownership/lease, valid registration, and insurance. (Min. Qualification 1)	<input type="checkbox"/>
<input type="checkbox"/>	Bidder demonstrated that the bidder holds, or has applied for, a solid waste transporter permit issued by the New York State Department of Environmental Conservation. (Min. Qualification 2)	<input type="checkbox"/>
<input type="checkbox"/>	Bidder demonstrated that the bidder owns and operates, or has arranged for disposal of bedding and manure at a disposal site permitted or exempted by the New York State Department of Environmental Conservation or an equivalent regulatory entity if disposal occurs outside New York State. Bidder provided: (a) the location and a description of the proposed disposal site, and; (b) proof that the site(s) may accept manure and bedding, and; (c) a disposal plan detailing what bidder intends to do with the bedding and manure removed from the fairgrounds (ie. composting, land application etc.). If the disposal plan is land application, bidder submitted a Nutrient Management Plan (or equivalent business plan) that accounts for the manure removed from the fairgrounds and its disposal. The plan spells out in an environmentally safe manner the type, amount, and location of all applications based on crop uptake, runoff potential etc. Bidder demonstrated that all bedding/manure will be removed from	<input type="checkbox"/>

	the Fairgrounds and no handling/processing of the bedding/manure will take place on the Fairgrounds. (Min. Qualification 3)	
<input type="checkbox"/>	Bidder provided the name, address, contact person and telephone number for one (1) verifiable reference, other than the Department, with submission of its bid. The reference must be a recent customer that the bidder has provided similar service for within the last five (5) years. (Min. Qualification 4)	
	The following forms are not required until notification of selection is made, however bidders are strongly encouraged to submit the following forms with the bid response.	
Website:	<i>Sales and Compensating Use Tax Documentation ST-220 CA:</i> http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf <i>ST-220 TD:</i> http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf	<input type="checkbox"/>
<input type="checkbox"/>	ST-220 CA, Sales and Compensating Use Tax Certification	<input type="checkbox"/>
Website:	<i>Worker's Compensation Documentation</i> http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp	
<input type="checkbox"/>	Form C-105.2 – Certificate of Workers' Compensation Insurance issued by private insurance carriers, or Form U-26.3 issued by the State Insurance Fund; OR	<input type="checkbox"/>
<input type="checkbox"/>	Form SI-12 – Certificate of Workers' Compensation Self-Insurance; or Form GSI-105.2 Certificate of Participation in Workers' Compensation Group Self-Insurance; OR	<input type="checkbox"/>
<input type="checkbox"/>	CE-200 Certificate of Attestation for New York Entities with No Employees and certain out of State Entities, that New York State Worker's compensation and/or Disability Benefits Insurance is not required OR	<input type="checkbox"/>
Website:	<i>Disability Benefits Coverage</i> http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp	
<input type="checkbox"/>	Form DB-120.1 - Certificate of Disability Benefits Insurance; OR	<input type="checkbox"/>
<input type="checkbox"/>	Form DB-155 - Certificate of Disability Benefits Self-Insurance; OR	<input type="checkbox"/>
<input type="checkbox"/>	CE-200 – Certificate of Attestation of Exemption from New York State Workers' Compensation and/or Disability Benefits Coverage.	<input type="checkbox"/>
	Contract Documents and Requirements	
	Contract Cover Page	
	Appendix A – Standard Clauses for New York State Contracts (January 2014)	
	Appendix D – General Conditions for Agreements NYS Department of Agriculture and Markets	
	Appendix E – Special Conditions for Agreements NYS Department of Agriculture and Markets	

New York State Department of Agriculture and Markets

**IFB0120: BEDDING AND MANURE REMOVAL AND DISPOSAL
NEW YORK STATE FAIRGROUNDS**

ATTACHMENT 1 - BID FORM

Cost of providing all of the services set forth in the Invitation for Bids **except** the cost of removal of bedding and manure from the racing stables per Section 2.5 of the IFB which shall be bid separately:

\$ _____	June 1, 2015 – May 31, 2016
\$ _____	June 1, 2016 – May 31, 2017
\$ _____	June 1, 2017 – May 31, 2018
\$ _____	June 1, 2018 – May 31, 2019
\$ _____	June 1, 2019 – May 31, 2020
\$ _____	Total Bid Amount

Cost of removal of bedding and manure from the racing stables per Section 2.5 of the IFB:

\$ _____	June 1, 2015 – May 31, 2016
\$ _____	June 1, 2016 – May 31, 2017
\$ _____	June 1, 2017 – May 31, 2018
\$ _____	June 1, 2018 – May 31, 2019
\$ _____	June 1, 2019 – May 31, 2020
\$ _____	Total Bid Amount

NOTE: This is a fixed price bid. All prices submitted on this Bid Form are firm for the duration of the contract. Per Section 2.5 of the IFB, if use of the racing stables is discontinued during the term of the contract, such cost may be credited to any invoice in whole or in part (on a pro-rated basis) depending on the Department's need usage.

Signature

Company

Name (please print)

Date

ATTACHMENT 2 – MANDATORY REQUIREMENTS CERTIFICATION

By signing this form, the undersigned agrees that it can provide and/or meet all of the requirements listed below:

Minimum Bidder Qualifications

- 1) Each bidder shall demonstrate that the bidder owns or has access to the motorized equipment and vehicles required under the contract pursuant to the Equipment requirements set forth in Section 2.2.3 of this IFB. Bidder shall submit a list of all equipment to be used for this engagement including proof of ownership/lease, valid registration, and insurance.
- 2) Each bidder shall demonstrate that the bidder holds, or has applied for, a solid waste transporter permit issued by the New York State Department of Environmental Conservation.
- 3) Each bidder shall demonstrate that the bidder owns and operates, or has arranged for disposal of bedding and manure at a disposal site permitted or exempted by the New York State Department of Environmental Conservation or an equivalent regulatory entity if disposal occurs outside New York State. All bids must include: (a) the location and a description of the proposed disposal site, and; (b) proof that the site(s) may accept manure and bedding, and; (c) a disposal plan detailing what bidder intends to do with the bedding and manure removed from the fairgrounds (ie. composting, land application etc.). If the disposal plan is land application, bidder shall submit a Nutrient Management Plan (or equivalent business plan) that accounts for the manure removed from the fairgrounds and its disposal. The plan should spell out in an environmentally safe manner the type, amount, and location of all applications based on crop uptake, run-off potential etc. The contract requires quick and efficient removal of bedding/manure from the Fairgrounds. Therefore, the bidder shall demonstrate that all bedding/manure will be removed from the Fairgrounds and no handling/processing of the bedding/manure will take place on the Fairgrounds.
- 4) Provide the name, address, contact person and telephone number for one (1) verifiable reference, other than the Department, with submission of its bid. The reference must be a recent customer that the bidder has provided similar service for within the last five (5) years.

Mandatory Contract Requirements

The bidder certifies that, if selected, the bidder will meet the following requirements:

- 1) No other obligation or engagement, contractual or otherwise, will conflict with or in any way impact the selected contractor's ability to provide Bedding and Manure Removal and Disposal services at the New York State Fairgrounds during the contract period.
- 2) The selected contractor shall have full control of the equipment and associated services provided for this engagement and assumes total responsibility for financial loss, accident, injury, or death that may occur as a result of the services provided. The contractor shall indemnify and hold harmless the State of New York, the Department, its officers and employees, from all claims, demands, damages, expenses, liability or obligation for damages, loss or injury to, or of, any person or property arising out of the acts of the selected contractor, its agents, servants, employees, and those acting for or on its behalf. Such indemnity shall not be limited by reasons of any insurance coverage provided.
- 3) The selected contractor will obtain and maintain a Commercial General Liability Insurance Policy from an insurance provider authorized to do business in the State of New York with a limit of not less than \$1,000,000 for each occurrence. Such insurance shall cover liability arising out of the deliberate,

reckless, or negligent acts of the selected contractor, its employees, subcontractors, or subcontractors' employees.

- 4) The selected contractor agrees to comply with "Appendix A, Standard Clauses for New York State Contracts," a copy of which is included in the Submission Documents.

Bid Responses that do not include the signed Mandatory Requirements Certification Form or fail to meet the Minimum Qualifications or comply with all of the Mandatory Contract Requirements will be disqualified and removed from further consideration.

Bidder Signature _____ **Date** _____

Printed Name _____ **Title** _____

Company Name _____ **Company Address** _____



State of New York
Department of Agriculture and
Markets
10B Airline Drive
Albany, NY 12235

**Non-Collusive Bidding Certification Required by
State Finance Law §139-D**

ATTACHMENT 3

**NON-COLLUSIVE BIDDING CERTIFICATION REQUIRED BY
SECTION 139-D OF THE STATE FINANCE LAW**

BY SUBMISSION OF THIS BID, ANY BIDDER AND EACH PERSON SIGNING ON BEHALF OF ANY BIDDER CERTIFIES, AND IN THE CASE OF A JOINT BID, EACH PARTY THERETO CERTIFIES AS TO ITS OWN ORGANIZATION, UNDER PENALTY OF PERJURY, THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF:

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

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

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

A BID SHALL NOT BE CONSIDERED FOR AWARD NOR SHALL ANY AWARD BE MADE WHERE [1], [2], AND [3] ABOVE HAVE NOT BEEN COMPLIED WITH; PROVIDED HOWEVER, THAT IF IN ANY CASE THE BIDDER(S) CANNOT MAKE THE FOREGOING CERTIFICATION, THE BIDDER(S) SHALL SO STATE AND SHALL FURNISH BELOW A SIGNED STATEMENT WHICH SETS FORTH IN DETAIL THE REASONS THEREFORE.

[AFFIX ADDENDUM TO THIS PAGE IF SPACE IS REQUIRED FOR STATEMENT.]



State of New York
Department of Agriculture and
Markets
10B Airline Drive
Albany, NY 12235

**Non-Collusive Bidding Certification Required by
State Finance Law §139-D**

Signature _____

Name (Typed) _____

Company Position _____

Company Name _____

Date Signed _____

Sworn to before me this

_____ day of _____, 20____

Notary Public

Signature _____

Name (Typed) _____

Company Position _____

Company Name _____

Date Signed _____

Sworn to before me this

_____ day of _____, 20____

Notary Public



State of New York
Department of Agriculture and
Markets
10B Airline Drive
Albany, NY 12235

MacBride Nondiscrimination Certification

**ATTACHMENT 4
COMPLETE AND RETURN WITH BID RESPONSE**

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

In accordance with Chapter 807 of the laws of 1992 the bidder, by submission of this bid, certifies that it or any individual or legal entity in which the bidder holds a 10% or greater ownership, or any individual or legal entity that holds a 10% or greater ownership in the bidder, either:

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

1. Has business operations in Northern Ireland:
- Yes No

If yes:

2. Shall take lawful steps in good faith to conduct any business operations they have in Northern Ireland in accordance with the MacBride Fair Employment Principles relating to nondiscrimination in employment and freedom of workplace opportunity regarding such operations in Northern Ireland, and shall permit independent monitoring of compliance with such principles.
- Yes No

Company Name:
Printed Name and Title of Authorized Representative:
Signature:
Date:
Proposal:
Commodity:



State of New York
 Department of Agriculture and Markets
 10B Airline Drive
 Albany, NY 12235

**Summary of the Department's Policy on
 State Finance Law §139-j and §139-k**

Summary of Department and Authority Policy regarding State Finance Law Sections §139-j and §139-k.

Pursuant to State Finance Law Sections §139-j and §139-k, this solicitation includes and imposes certain restrictions on communications between the Department of Agriculture and Markets, ("Department") and a vendor/contractor during the procurement process. A vendor/contractor is restricted from making contacts from the earliest notice of intent to solicit bids/proposals through final award and approval of the contract by the Department, and, if applicable, Office of the State Comptroller ("restricted period") to other than designated staff unless it is a contact that is included among certain statutory exceptions set forth in State Finance Law Section §139-j(3)(a). Designated staff is identified in this solicitation. Department employees are also required to obtain certain information when contacted during the restricted period and make a determination of the responsibility of the vendor/contractor pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award and in the event of two such findings within a four year period, the vendor/contractor is debarred from obtaining governmental procurement contracts. Further information about these requirements can be found on the Office of General Services Website at: <http://www.ogs.state.ny.us/aboutOgs/regulations/defaultAdvisoryCouncil.html>

The Department reserves the right to terminate a contract in the event it is found that the certification filed by the Offerer in accordance with New York State Finance Law §139-k was intentionally false or intentionally incomplete. Upon such finding, the Department may exercise its termination right by providing written notification to the Offerer in accordance with the written notification terms of the contract.

Offerer Disclosure of Prior Non-Responsibility Determinations

1. Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into the Procurement Contract in the previous four years? (Please circle): No Yes

If yes, please answer questions 1a-1c:

1a. Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j (Please circle): No Yes

1b. Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity? (Please circle): No Yes

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

Governmental Entity: _____

Date of Finding of Non-Responsibility: _____



State of New York
 Department of Agriculture and Markets
 10B Airline Drive
 Albany, NY 12235

**Summary of the Department’s Policy on
 State Finance Law §139-j and §139-k**

Basis of Finding of Non-Responsibility:

(Add additional pages as necessary)

2. Has any Governmental Entity or other governmental agency terminated or withheld a Procurement Contract with the above-named individual or entity due to the intentional provision of false or incomplete information? (Please circle): No Yes

If yes, please provide details below.

Governmental Entity: _____

Date of Termination or Withholding of Contract: _____

Basis of Termination or Withholding: _____

(Add additional pages as necessary)

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

Offerer affirms that it understands and agrees to comply with the following policy & procedures of the Department relative to permissible Contacts as required by State Finance Law §139-j and §139-k.

By: _____
 Signature

Date: _____

Name: _____
 Print

Title: _____
 Print

New York State Department of Agriculture and Markets
 IFB0120: BEDDING AND MANURE REMOVAL AND DISPOSAL
 NEW YORK STATE FAIRGROUNDS

Attachment 6

VENDOR RESPONSIBILITY

Vendor Name:	
Vendor SFS ID#	(Note: If you do not have an SFS # complete and submit the Substitute W-9 Form)

Bidder Information—Please Complete This Section		
Please complete the following. Responses must be legible. By signing, you indicate your express authority to sign on behalf of yourself, or your company or other entity and full knowledge and acceptance of the terms and conditions of the bid. You also affirm that you understand and agree to comply with the procedures of the Department relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b).		
<u>Legal Name of Company Bidding</u>	<u>Address:</u>	
<u>Employer's Federal Tax ID Number</u>		
Check <u>one</u> of the following:		
<input type="checkbox"/> I certify that my organization has filed its Vendor Responsibility Questionnaire online via the New York State VendRep System and that the current questionnaire was certified within the past six months.		
<input type="checkbox"/> I am including a completed paper copy of the Vendor Responsibility Questionnaire with the bid proposal.		
<input type="checkbox"/> My entity is exempt based on the OSC listing.		
<input type="checkbox"/> My proposal is less than \$100,000, therefore I am attaching a completed Contractor Information Checklist.		
<input type="checkbox"/> Other, explanation:		
Bidder's Signature	<i>Date</i>	<i>E-mail</i>
	<i>Phone</i>	<i>Fax</i>
Print Name as Signed and Title		

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

COMPLETE AND RETURN WITH BID RESPONSE

ATTACHMENT 6 – VENDOR RESPONSIBILITY

**New York State
Department of Agriculture & Markets
Division of Fiscal Management
10B Airline Drive
Albany, NY 12235**

CONTRACTOR INFORMATION CHECKLIST

CONTRACT NO. _____

Organization's Official Name			
d/b/a			
Address			City
Contact Person	Title	State	Zip Code
Contact Person's Telephone	Contact Person's EMail Address	NYS Vendor ID Number	
Contact Person's Fax	Organization's Federal ID, Individual's Social Security Number or Municipal Code (1)(2)*		

SELECT ONLY ONE OF THE FOLLOWING

- | | |
|--|--|
| <input type="checkbox"/> Governmental or Quasi-governmental Agency | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> New York Business Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Out of State Business Corporation | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Not-for-profit Organization (4)* | |

COMPLETE ONLY THOSE BLOCKS BELOW WHICH ARE APPLICABLE

1. Date of Incorporation	2. County	3. State of Incorporation
4. Authorized to do business in New York State <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Charities Bureau Registration or Identification Number (3)*	
6. If a not-for-profit organization, are you registered and up to date in filing annual reports with the Charities Bureau pursuant to NYEPTL §8-1.4 and New York Executive Law Article 7-A? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, answer number 7.		7. Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer number 8.
8. Reason for Exemption (from exemption determination letter)		
9. FOR GRANTS ONLY - Are you registered in the NYS Grants Gateway? <input type="checkbox"/> Yes <input type="checkbox"/> No (All vendors must register) If a not-for-profit organization, are you prequalified in the NYS Grants Gateway? <input type="checkbox"/> Yes <input type="checkbox"/> No (All not for profits must pre-qualify). For further information on registration and pre-qualification, go to: www.grantsreform.ny.gov		
10. Please give Organization MWBE percentage goal _____% See MWBE website: http://www.esd.ny.gov/MWBE.html for further information		

Name of Contractor

Print Name

Signature

Title

Date

***SEE Attached for Explanation of Footnotes**

IF BID IS LESS THAN \$100,000, COMPLETE AND RETURN WITH BID RESPONSE

1. Disclosure of your federal social security or federal identification number by you is mandatory pursuant to New York State Tax Law Section 5(2). The principal purpose for which this information is collected is to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the Tax Law administered by the Commissioner of Taxation and Finance for administering the Tax Law and for any other purpose authorized by the Tax Law.
2. If you are a county, city, town or village government, or a school district, community college, BOCES or VEEB, you must provide your 12-digit municipality code in the space provided.
3. Not-for-profit organizations must either:
 - a) insert their Charities Bureau Registration Number in Section 5 of the Contractor Information Checklist,
 - or
 - b) insert their Charities Bureau Identification Number in Section 5 of the Contractor Information Checklist and the category of exemption in Section 8 of the Contractor Information Checklist. The Charities Bureau Identification Number and category of exemption is listed on the exemption determination letter provided by the Charities Bureau to organizations that qualify for an exemption.

To determine if your organization is subject to the registration and reporting requirements of the Estates, Powers and Trusts Law (EPTL) Section 8-1.4 and/or the New York Executive Law Article 7-A, or to obtain an exemption determination letter, please contact the Charities Bureau at:

NYS Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271
email: charities.bureau@oag.state.ny.us
phone: (212) 416-8401

The statutes governing registration with the Attorney General's Charities Bureau, forms and instructions for registration and annual financial reporting, categories of exemptions and other information of interest to not-for-profit organizations may be found at:
www.oag.state.ny.us/charities/charities.html.

Your failure to provide any of the requested information may result in your contract not being processed.

4. **FOR GRANTS ONLY** - Please go to www.grantsreform.gov for registration and pre-qualification into the NYS Grants Gateway.

Attachment 7 (MWBE/EEO FORMS)

**NEW YORK STATE DEPARTMENT OF AGRICULTURE AND MARKETS
DIVISION OF FISCAL MANAGEMENT
10B AIRLINE DRIVE
ALBANY, NEW YORK 12235
(518)457-4619**

E-mail: mwbe@agriculture.ny.gov

Website: <http://www.agriculture.ny.gov/MWBE.html>

**MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES – EQUAL
EMPLOYMENT OPPORTUNITY POLICY STATEMENT**

M/WBE AND EEO POLICY STATEMENT

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

M/WBE This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the M/WBE contract participations goals set by the State for that area in which the State-funded project is located, by taking the following steps:

- (1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.
- (2) Request a list of State-certified M/WBEs from AGENCY and solicit bids from them directly.
- (3) Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.
- (4) Where feasible, divide the work into smaller portions to enhanced participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.
- (5) Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.
- (6) Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.
- (7) This organization will include the provisions of (1) through (6) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

EEO

- (a) This organization will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability, sexual orientation, military status, or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.
- (b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status.
- (c) At the request of the contracting agency, this organization shall request each employment agency, labor union, or authorized representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability, sexual orientation, military status or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.
- (d) Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.
- (e) This organization will include the provisions of sections (a) through (d) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract

Agreed to this _____ day of _____, 2_____

By _____

Print: _____ Title: _____

NEW YORK STATE DEPARTMENT OF AGRICULTURE AND MARKETS
DIVISION OF FISCAL MANAGEMENT
10B AIRLINE DRIVE
ALBANY, NEW YORK 12235

(518)457-4619

E-mail: mwbe@agriculture.ny.gov

Website: <http://www.agriculture.ny.gov/MWBE.html>

MINORITY BUSINESS LIAISON AND CONTRACT GOALS

_____ is designated as the Minority Business Enterprise Liaison
(Name of Designated Liaison)

responsible for administering the Minority and Women-Owned Business Enterprises- Equal Employment Opportunity (M/WBE-EEO) program.

M/WBE Contract Goals

_____ % Minority Business Enterprise Participation

_____ % Women's Business Enterprise Participation

EEO Contract Goals

_____ % Minority Labor Force Participation

_____ % Female Labor Force Participation

(Authorized Representative)

Title: _____

Date: _____

Totals

PREPARED BY (Signature):

TELEPHONE NO.:
EMAIL ADDRESS:

DATE:

NAME AND TITLE OF PREPARER (Print or Type):

Submit completed form to:
NYS Department of Agriculture & Markets
Division of Fiscal Management
10B Airline Drive
Albany, NY 12235

MWBE/EE02 (Rev 11/13)