

New York State Department of Agriculture and Markets

IFB0135: TRASH REMOVAL AND DISPOSAL AT THE NEW YORK STATE FAIRGROUNDS SUBMISSION DOCUMENTS

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New York State Department of Agriculture and Markets

IFB0135: TRASH REMOVAL AND DISPOSAL AT THE NEW YORK STATE FAIRGROUNDS

SUBMISSION DOCUMENTS CHECKLIST

To be completed by Bidder	BID RESPONSE ITEM	FOR AGR USE ONLY Minimum Qualifications
<input type="checkbox"/>	The following forms and documentation shall be submitted at the time of bid submission.	
<input type="checkbox"/>	Attachment 1 – Bid Form and Subcontracting 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 bidder presently holds a valid Waste Transporter Permit issued by the New York State Department of Environmental Conservation (DEC). (Min. Qualification 1)	<input type="checkbox"/>
<input type="checkbox"/>	Bidder demonstrated that bidder has billed and received payment for work the same as, or similar to, that sought by this invitation for bids having a billed value to at least one customer of \$100,000.00 or more in a consecutive twelve (12) month period within the last three (3) years. (Min. Qualification 2)	<input type="checkbox"/>
<input type="checkbox"/>	Bidder provided a listing of all waste processing or recycling facilities where materials will be delivered pursuant to this engagement. (Min. Qualification 3)	<input type="checkbox"/>
<input type="checkbox"/>	Bidder provided the name, address, and contact person for three (3) verifiable references. References must be customers that the bidder has provided service for within the last three (3) calendar years preceding submission of this bid, similar in scope to the services sought by this invitation for bids. References will be contacted by the Department. The bidder is solely responsible for the availability of the references provided. (Min. Qualification 4)	<input type="checkbox"/>

	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"/>

New York State Department of Agriculture and Markets

IFB0135: TRASH REMOVAL AND DISPOSAL SERVICES
AT THE NEW YORK STATE FAIRGROUNDS

ATTACHMENT 1 - BID FORM

NOTE: Bidders must provide a Bid Price for each item below. The Bid Form must not be altered in any way. DO NOT INCLUDE THE DISPOSAL OR “TIPPING” FEE IN YOUR COST. Per Section 2.3.2 E of this IFB, the selected bidder will be reimbursed for the disposal or “tipping” fee at actual cost upon submission of required supporting documentation as set forth in Section 2.3.2 G of this IFB, “Payment for Services.”

Please see Exhibit 1 for a summary of trash removal and disposal services rendered in 2014 and 2015. Please note: This data is provided for informational purposes only and is subject to change in subsequent years depending on the Department’s needs at the Department’s sole discretion. Vendors will only be paid for the actual quantity of trash receptacles ordered and hours worked. Prices bid on the Bid Form shall be honored throughout the term of the awarded contract subject to any price adjustment pursuant to Section 5.3 of this IFB irrespective of the number of trash receptacles ordered or number of hours required. The Department makes no representation that past service levels indicate the level of service to be provided during the Term of the Agreement.

YEAR-ROUND

***Year-round needs include year-round NOT including Fairtime.
Hours for pickup/service are Monday through Friday during business hours,
7:30 a.m. to 3:30 p.m.**

Year-Round Needs – Rentals	Price <i>The monthly rental cost shall include the rental, delivery, installation, maintenance, repair and/or replacement, and cleaning and sanitizing of the units ordered in accordance with Section 2.3.2 A of the IFB.</i>
8 cubic yard stationary compactor Rental Fee	(per unit/month*)
96 gallon toter (or equivalent) Rental Fee	(per unit/month*)
35 cubic yard self-contained compactor Rental Fee	(per unit/month*)
20 cubic yard open top roll-off container Rental Fee	(per unit/month*)
30 cubic yard open top roll-off container Rental Fee	(per unit/month*)

Year-Round Needs – Hauling	Price <i>The cost per haul shall include the pick-up of a compactor or open top roll-off container, disposal of the waste and return of the compactor or open top roll-off container.</i>
20 cubic yard open top roll-off container Haul Charge	(per haul/per unit)
30 cubic yard open top roll-off container Haul Charge	(per haul/per unit)
35 cubic yard self-contained compactor Haul Charge	(per haul/per unit)

Year-Round Needs – Service to Stationary Compactor	Price <i>The Service Fee shall include the emptying, removal, and disposal of material in stationary compactors.</i>
8 cubic yard stationary compactor Service Fee	(per service)

Year Round Needs – Processing Recyclable Material	Price <i>The “recyclable processing fee” is the fee charged by the contractor for recycling material at a recycler. The Department shall receive 100% of the “recycling revenue” generated from the sale of recyclable materials minus the contractor’s “recyclable processing fee” in accordance with Section 2.3.2 D of the IFB.</i>
Recyclable Processing Fee	(per ton)

FAIRTIME

****Fairtime includes the 14 days prior to the annual State Fair, the 12 days of the State Fair, and 14 days after the last day of each State Fair held during the Term of the Agreement. *During the 12 days of the annual State Fair, all trash receptacles shall be emptied and relocated by the selected bidder at least once daily including Saturdays, Sundays, and Labor Day, between the hours of 11:00 p.m. and 9:00 a.m., or more often if the receptacle(s) is/are full.***

Fairtime Needs – Rentals	Price
	<i>The per unit rental cost for the trash receptacles referenced below shall include: (a) the rental, delivery and installation of the units ordered for fourteen (14) days prior to the first day of each annual State Fair held during the Term of the Agreement, during the twelve (12) days of the State Fair, and for fourteen (14) days following the last day of each State Fair held during the Term of the Agreement; and, (b) maintenance, repair and/or replacement, cleaning and sanitizing of the units ordered in accordance with Section 2.3.2 B of the IFB.</i>
96 gallon toter (or equivalent) Rental Fee	(per unit/Fairtime**)
Toter lift Rental Fee	(per unit/Fairtime**)
15 cubic yard open top roll-off container Rental Fee	(per unit/Fairtime**)
20 cubic yard open top roll-off container Rental Fee	(per unit/Fairtime**)
30 cubic yard open top roll-off container Rental Fee	(per unit/Fairtime**)
35 cubic yard self-contained compactor Rental Fee	(per unit/Fairtime**)

Fairtime Needs – Hauling	<p style="text-align: center;">Price</p> <p><i>The cost per haul shall include the pick-up of a compactor or open top roll-off container, disposal of the waste and return of the compactor or open top roll-off container. During the 12 days of the annual State Fair, all trash receptacles shall be emptied and relocated by the selected bidder at least once daily including Saturdays, Sundays, and Labor Day, between the hours of 11:00 p.m. and 9:00 a.m., or more often if the receptacle(s) is/are full.</i></p>
15 cubic yard open top roll-off container Haul Charge	(per haul/per unit)
20 cubic yard open top roll-off container Haul Charge	(per haul/per unit)
30 cubic yard open top roll-off container Haul Charge	(per haul/per unit)
35 cubic yard self-contained compactor Haul Charge	(per haul/per unit)

Fairtime Needs – Service to Stationary Compactor	<p style="text-align: center;">Price</p> <p><i>The Service Fee shall include the emptying, removal, and disposal of material in stationary compactors. During the 12 days of the annual State Fair, all trash receptacles shall be emptied and relocated by the selected bidder at least once daily including Saturdays, Sundays, and Labor Day, between the hours of 11:00 p.m. and 9:00 a.m., or more often if the receptacle(s) is/are full.</i></p>
8 cubic yard stationary compactor Service Fee	(per service)

Fairtime Needs – Equipment and Driver	Price <i>The cost per truck per hour shall include one rear loading compactor truck, minimum 25 cubic yard capacity and driver for up to three days commencing on the Wednesday following the last day of each State Fair held during the term of the Agreement pursuant to Section 2.3.2 B. 2 of the IFB.</i>
Equipment and Driver	(per truck per hour)

Fairtime Needs – Processing Recyclable Material	Price <i>The “recyclable processing fee” is the fee charged by the contractor for recycling material at a recycler. The Department shall receive 100% of the “recycling revenue” generated from the sale of recyclable materials minus the contractor’s “recyclable processing fee” in accordance with Section 2.3.2 D of the IFB.</i>
Recyclable Processing Fee	(per ton**)

Signature

Name (please print)

Company

Date

Company

Date

ATTACHMENT 1 – SUBCONTRACTING FORM
SUBCONTRACTING FORM (YEAR ONE ONLY)
(WHOLE DOLLAR FIGURES ONLY)

Subcontracting is defined as non-employee direct personal services and related incidental expenses, including travel. For vendors using subcontractors, a Vendor Responsibility Questionnaire and a Department vendor responsibility review are required for a subcontractor where: 1) the subcontractor is known at the time of the contract award; 2) the subcontractor is not an entity that is exempt from reporting by OSC; and 3) the subcontract will equal or exceed \$100,000 over the life of the contract.

YEAR ONE (4/1/2016 – 3/31/2017)

Bidder Name: _____

Name of Subcontractor and

Contact Information	Work Description	Estimated Hours/Days	Cost

Please add additional pages, if required.
 Any change in subcontractors during the term of the contract is subject to the prior written approval of AGM. AGM reserves the right to accept or reject any replacement subcontractors proposed by the vendor. This Form must be updated annually and submitted to AGM.

ATTACHMENT 2 – MANDATORY REQUIREMENTS CERTIFICATION

Mandatory Contract Requirements

By signing this form, the undersigned bidder certifies that, if selected, the undersigned bidder will meet the following requirements:

- 1) No other obligation or engagement, contractual or otherwise, will impact the selected contractor’s ability to provide trash removal and disposal services at the New York State Fairgrounds during the contract period.
- 2) The selected contractor will have full control of the trash receptacles, equipment (trucks and drivers), and associated services and assumes total responsibility for financial loss, accident, injury, or death that may occur as a result of the services provided. The contractor will 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 the following policies from an insurance company authorized to do business in the State of New York:
 - Commercial General Liability Insurance with a limit of not less than \$1,000,000 each occurrence. Such insurance shall be written on the ISO occurrence form CG 00 01, or a substitute form providing equivalent coverages, with no modification to the contractual liability coverage provided therein. Coverages shall include liability arising from premises operations, independent contractors, products-completed operations, broad form property damage, personal & advertising injury, cross liability coverage, liability assumed in a contract (including the tort liability of another assumed in a contract) and explosion, collapse & underground coverage. If such insurance contains an aggregate limit, it shall apply separately on a per location or per project basis.
 - Comprehensive Business Automobile Liability Insurance with a limit of not less than \$1,000,000 each accident. Such insurance shall cover liability arising out of any automobile, including owned, leased, hired and non-owned automobiles.
 - Worker’s Compensation and Disability Insurance – Statutory limits.
- 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 sample New York State AGM contract attached to this IFB as Exhibit 4.

Bid Responses that do not include the signed Mandatory Requirements Certification Form or fail to 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:

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: _____

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
 IFB0123: RENTAL OF MOBILE RESTROOMS AND PUMPING SERVICES
 AT THE 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 M/WBE 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)

Your MWBE Utilization and Reporting Responsibilities Under Article 15-A

The New York State Contract System (“NYSCS”) is your one stop tool compliance with New York State’s MWBE Program. It is also the platform New York State uses to monitor state contracts and MWBE participation.

GETTING STARTED

To access the system, you will need to login or create a user name and password at <https://ny.newnycontracts.com>. If you are uncertain whether you already have an account set up or still need to register, please send an email to the customer service contact listed on the Contact Us & Support page, or reach out to your contract’s project manager. For verification, in the email, include your business name and contact information.

VENDOR RESPONSIBILITIES

As a vendor conducting business with New York State, you have a responsibility to utilize minority- and/or women-owned businesses in the execution of your contracts, per the MWBE percentage goals stated in your solicitation, incentive proposal or contract documents. NYSCS is the tool that New York State uses to monitor MWBE participation in state contracting. Through the NYSCS you will submit utilization plans, request subcontractors, record payments to subcontractors, and communicate with your project manager throughout the life of your awarded contracts.

There are several reference materials available to assist you in this process, but to access them, you need to first be registered within the NYSCS. Once you log onto the website, click on the **Help & Support >>** link on the lower left hand corner of the Menu Bar to find recorded trainings and manuals on all features of the NYSCS. You may also click on the **“Help & Tools”** icon at the top right of your screen to find videos tailored to primes and subcontractors. There are also opportunities available to join live trainings, read up on the “Knowledge Base” through the Forum link, and submit feedback to help improve future enhancements to the system. Technical assistance is always available through the **Contact Us & Support** link on the NYSCS website (<https://ny.newnycontracts.com>).

For more information, contact your project manager.

(MWBE/EEO FORMS)

**NEW YORK STATE DEPARTMENT OF AGRICULTURE & 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**

MWBE 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 _____

MWBE

This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the

MWBE 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 MWBE contractor associations.
- (2) Request a list of State-certified MWBEs 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 MWBEs.
- (4) Where feasible, divide the work into smaller portions to enhanced participations by MWBEs and encourage the formation of joint venture and other partnerships among MWBE contractors to enhance their participation.
- (5) Document and maintain records of bid solicitation, including those to MWBEs and the results thereof. Contractor will also maintain records of actions that its subcontractors have taken toward meeting MWBE contract participation goals.
- (6) Ensure that progress payments to MWBEs 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 MWBE 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 _____, 20__

By _____

Print: _____ Title: _____

**NEW YORK STATE DEPARTMENT OF AGRICULTURE & 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 (MWBE-EEO) program.

MWBE 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: _____

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EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN

Contract No.:	Reporting Entity: <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor	Report includes Contractor's <input type="checkbox"/> Contractor's work force to be utilized on this contract <input type="checkbox"/> Contractor's total work force <input type="checkbox"/> Subcontractor's work force to be utilized on this contract <input type="checkbox"/> Subcontractor's total work force
Contractor/Subcontractor's Name:		
Telephone Number:		
Contractor/Subcontractor's Address:		SFS Vendor ID:
FEIN:		

Enter the total number of employees for each classification

EEO Job Category	Total Work Force	Work force by Gender		Work force by Race/Ethnic Identification														
		Total Male (M)	Total Female (F)	White (M) (F)		Black (M) (F)		Hispanic (M) (F)		Asian (M) (F)		American Indian or Alaskan Native (M) (F)		Disabled		Veteran (M) (F)		
Officials/Administrators																		
Professionals																		
Technicians																		
Sales Workers																		
Office/Clerical																		
Craft Workers																		
Laborers																		
Service Workers																		
Temporary/Apprentices																		
Totals																		

PREPARED BY (Signature):	TELEPHONE NO.:	DATE:
	E-MAIL ADDRESS:	
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	

INSTRUCTIONS FOR COMPLETING EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN

General instructions: Contact the Designated Contact(s) for the solicitation if you have any questions. **All Offerers** must complete an EEO Staffing Plan (MWBE/EEO2) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's total work force, the Offerer shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's total work force, the Offerer shall complete this form for the contractor's total work force. Subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor must complete this form upon request of the Department of Agriculture & Markets.

Instructions for completing:

1. Enter the Solicitation that this report applies to along with the name and address of the Offerer.
2. Check off the appropriate box to indicate if the Offerer completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate if the work force being reported is just for the contract or the Offerers' total work force.
4. Enter the total work force by EEO job category.
5. Break down the total work force by gender and enter under the heading "Work force by Gender."
6. Break down the total work force by race/ethnic background and enter under the heading "Work force by Race/Ethnic Identification." Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

WHITE - (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

BLACK - A person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.

HISPANIC - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

ASIAN & PACIFIC ISLANDER - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.

AMERICAN INDIAN OR ALASKAN NATIVE (Not of Hispanic Origin) - A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

OTHER CATEGORIES

- **DISABLED INDIVIDUAL** any person who:
 - has a physical or mental impairment that substantially limits one or more major life activity(ies)
 - has a record of such an impairment; or
 - is regarded as having such an impairment.
- **VETERAN** - an individual who served in the military during time of war.
- **GENDER** - Indicate whether male or female.

**NEW YORK STATE DEPARTMENT OF AGRICULTURE & 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/WOMEN-OWNED BUSINESS ENTERPRISE (MWBE) WORK FORCE EMPLOYMENT UTILIZATION

Contract No.:	Reporting Entity: <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor	Reporting Period: <input type="checkbox"/> January 1, 20__ - March 31, 20__ <input type="checkbox"/> April 1, 20__ - June 30, 20__ <input type="checkbox"/> July 1, 20__ - September 30, 20__ <input type="checkbox"/> October 1, 20__ - December 31, 20__
Contractor's Name:		Report includes: <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Contractor/Subcontractor's total work force
Contractor's Address: FEIN: _____ Telephone Number: _____		

Enter the total number of employees in each classification in each of the EEO-Job Categories identified.

EEO-Job Category	Total Work force	Work force by Gender		Work force by Race/Ethnic Identification								Disabled		Veteran	
		Male (M)	Female (F)	White (M) (F)	Black (M) (F)	Hispanic (M) (F)	Asian (M) (F)	Native American (M) (F)	(M) (F)	(M) (F)	(M) (F)				
Officials/Administrators															
Professionals															
Technicians															
Sales Workers															
Office/Clerical															
Craft Workers															
Laborers															
Service Workers															
Temporary/Apprentices															
Totals															

PREPARED BY (Signature):	TELEPHONE NO.:	DATE:
NAME AND TITLE OF PREPARER (Print or Type):	EMAIL ADDRESS:	
	Submit completed form to: NYS Department of Agriculture & Markets Division of Fiscal Management 10B Airline Drive, Albany, NY 12235	

INSTRUCTIONS FOR COMPLETING MINORITY/WOMEN-OWNED BUSINESS ENTERPRISE (MWBE) WORK FORCE EMPLOYMENT UTILIZATION

General Instructions: The work force utilization (MWBE/EEO3) is to be submitted on a quarterly basis during the life of the contract to report the actual work force utilized in the performance of the contract broken down by the specified categories. When the work force utilized in the performance of the contract can be separated out from the contractor's and/or subcontractor's total work force, the contractor and/or subcontractor shall submit a Utilization Report of the work force utilized on the contract. When the work force to be utilized on the contract cannot be separated out from the contractor's and/or subcontractor's total work force, information on the total work force shall be included in the Utilization Report. Utilization reports are to be completed for the quarters ended 3/31, 6/30, 9/30 and 12/31 and submitted to the Department of Agriculture & Markets within 15 days of the end of each quarter. If there are no changes to the work force utilized on the contract during the reporting period, the contractor can submit a copy of the previously submitted report indicating no change with the date and reporting period updated.

Instructions for completing:

7. Enter the number of the contract that this report applies to along with the name and address of the Contractor preparing the report.
8. Check off the appropriate box to indicate if the entity completing the report is the contractor or a subcontractor.
9. Check off the box that corresponds to the reporting period for this report. Please indicate current year.
10. Check off the appropriate box to indicate if the work force being reported is just for the contract or the Contractor's total work force.
11. Enter the total work force by EEO job category.
12. Break down the total work force by gender and enter under the heading 'Work force by gender.'
13. Break down the total work force by race/ethnic background and enter under the heading 'Work force by Race/Ethnic Identification.' Contact the the Department of Agriculture & Markets Division of Fiscal Management at (518) 457-4619 if you have any questions.
14. Enter information on any disabled or veteran employees included in the work force under the appropriate heading.
15. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- **WHITE** - (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK** - a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC** - a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN & PACIFIC ISLANDER** – a person having origins in any of the Far East countries, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- **NATIVE INDIAN (NATIVE AMERICAN/ ALASKAN NATIVE)** - a person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

OTHER CATEGORIES

- **DISABLED INDIVIDUAL** any person who:
 - has a physical or mental impairment that substantially limits one or more major life activity(ies)
 - has a record of such an impairment; or
 - is regarded as having such an impairment.
- **VETERAN** - an individual who served in the military during time of war.
- **GENDER** - Indicate whether male or female.

**NEW YORK STATE DEPARTMENT OF AGRICULTURE & 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>

MWBE UTILIZATION PLAN

Contract No.: _____

INSTRUCTIONS: This form must be submitted with any bid, proposal, response to request for qualifications or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (MWBE) under the contract. Attach additional sheets if necessary.

Contractor's Name, Address and Telephone No. Federal Identification No.	Contract Description Location (Region) SFS Vendor ID:	MWBE Goals In Contract MBE _____ % WBE _____ %
--	--	---

Certified MWBE Subcontractors/Suppliers Name, Address, Telephone No, E-mail Address, SFS Vendor ID	Federal ID. No.	NYS ESD CERTIFIED			Detailed description of Work (Attach additional sheets if necessary)	Dollar Value of Subcontracts/ supplies/ services and intended performance dates of each component of the contract
		MBE	WBE	DUAL		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (Form MWBE/EO5)

Submission of this form constitutes the contractor's acknowledgement and agreement to comply with the MWBE requirements set forth under NYS Executive Law, Article 15-A and 5 NYCRR Part 142. Failure to submit complete and accurate information may result in a finding of noncompliance or rejection of the bid/proposal and/or suspension or termination of the contract.

Prepared By (Signature)	Email Address	
Name and Title of Preparer (Print or Type)	Telephone No.	Date

FOR A&M USE ONLY

Reviewed By	Date			
Utilization Plan Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date			
Contract No.	Project No. (If applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated

Notice of Deficiency Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Description of Work
Notice of Acceptance Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	

MWBE/EO4(11/13)

VENDOR CERTIFICATION: I hereby affirm that the information supplied in this utilization plan is true and correct.

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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>

REQUEST FOR WAIVER FORM

INSTRUCTIONS: SEE PAGE 2 OF THIS ATTACHMENT FOR REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS.		
Offerer/Contractor Name:	Federal Identification No.:	
Address:	Solicitation/Contract No.:	
City, State, Zip Code:	MWBE Goals: MBE % WBE %	
By submitting this form and the required information, the offerer/contractor certifies that every Good Faith Effort has been taken to promote MWBE participation pursuant to the MWBE requirements set forth under the contract.		
Contractor is requesting a: 1. <input type="checkbox"/> MBE Waiver – A waiver of the MBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial 2. <input type="checkbox"/> WBE Waiver – A waiver of the WBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial 3. <input type="checkbox"/> Waiver Pending ESD Certification – (Check here if subcontractors or suppliers of Contractor are not certified MWBE, but an application for certification has been filed with Empire State Development.) Date of such filing with Empire State Development: _____		
PREPARED BY (Signature):	Date:	
SUBMISSION OF THIS FORM CONSTITUTES THE OFFERER/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE MWBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A AND 5 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.		
Name and Title of Preparer (Printed or Typed):	Telephone Number:	Email Address:
Submit with the bid or proposal or if submitting after award submit to:	***** FOR MWBE USE ONLY *****	
	REVIEWED BY:	DATE:
	Waiver Granted: <input type="checkbox"/> YES MBE: <input type="checkbox"/> WBE: <input type="checkbox"/> <input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver <input type="checkbox"/> ESD Certification Waiver <input type="checkbox"/> *Conditional <input type="checkbox"/> Notice of Deficiency Issued _____ *Comments:	

INSTRUCTIONS FOR COMPLETING REQUIREMENTS AND DOCUMENT SUBMISSION

When completing the Request for Waiver Form please check all boxes that apply. To be considered, the Request for Waiver Form must be accompanied by documentation for items 1 – 11, as listed below. If box # 3 has been checked above, please see item 11. Copies of the following information and all relevant supporting documentation must be submitted along with the request:

1. A statement setting forth your basis for requesting a partial or total waiver.
2. The names of general circulation, trade association, and MWBE-oriented publications in which you solicited certified MWBEs for the purposes of complying with your participation goals.
3. A list identifying the date(s) that all solicitations for certified MWBE participation were published in any of the above publications.
4. A list of all certified MWBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified MWBE participation levels.
5. Copies of notices, dates of contact, letters, and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation if an identical solicitation was made to all certified MWBEs.
6. Provide copies of responses made by certified MWBEs to your solicitations.
7. Provide a description of any contract documents, plans, or specifications made available to certified MWBEs for purposes of soliciting their bids and the date and manner in which these documents were made available.
8. Provide documentation of any negotiations between you, the Offerer/Contractor, and the MWBEs undertaken for purposes of complying with the certified MWBE participation goals.
9. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.
10. Provide the name, title, address, telephone number, and email address of offerer/contractor's representative authorized to discuss and negotiate this waiver request.
11. Copy of notice of application receipt issued by Empire State Development (ESD).

Note:

Unless a Total Waiver has been granted, the Offerer/Contractor will be required to submit all reports and documents pursuant to the provisions set forth in the Contract, as deemed appropriate by the NYS Department of Agriculture & Markets, to determine MWBE compliance.

**NEW YORK STATE DEPARTMENT OF AGRICULTURE & MARKETS
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10B Airline Drive
Albany, New York 12235
(518) 457-4619

E-mail: mwbe@agriculture.ny.gov Website: <http://www.agriculture.ny.gov/MWBE.html>

MWBE CONTRACTOR GOOD FAITH EFFORTS CERTIFICATION

PROJECT/CONTRACT # _____

I, _____
(Contractor/Vendor)

_____ of _____
(Title) (Company)

_____ () _____
(Address) (Telephone Number)

do hereby submit the following as evidence of our good faith efforts to retain certified minority- and women-owned business enterprises:

- (1) Copies of solicitations of certified minority- and women-owned business enterprises and any responses thereto;
- (2) Responses to the solicitations received, where a certified minority- or woman-owned business enterprise was not selected & the specific reasons that such enterprise was not selected;
- (3) Copies of any advertisements for participation by certified minority- and women-owned business enterprises timely published in appropriate general circulation, trade and minority- or women-oriented publications, together with the listing(s) and date(s) of the publication of such advertisements;
- (4) Copies of any solicitations of certified minority- and/or women-owned business enterprises listed in the directory of certified businesses;
- (5) The dates of attendance at any pre-bid, pre-award, or other meetings, if any, scheduled by the State agency awarding the State contract, with certified minority- and women-owned business enterprises which the State agency determined were capable of performing the State contract scope of work for the purpose of fulfilling the contract participation goals;
- (6) Information describing the specific steps undertaken to reasonably structure the contract scope of work for the purpose of subcontracting with, or obtaining supplies from, certified minority- and women-owned business enterprises.
- (7) A description of any other action undertaken by the bidder to document its good faith efforts to retain certified minority - and women- owned business enterprises for this procurement.

Submit additional pages as needed.

Authorized Representative Signature

Date

**NEW YORK STATE DEPARTMENT OF AGRICULTURE & MARKETS
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(518) 457-4619

E-mail: mwbe@agriculture.ny.gov Website: <http://www.agriculture.ny.gov/MWBE.html>

MWBE CONTRACTOR UNAVAILABILITY CERTIFICATION

PROJECT/CONTRACT # _____

I, _____
(Principal or Prime Consultant/Contractor)

_____ of _____
(Title) (Name of Consultant's/Contractor's Firm)

_____ (Address) _____ (Telephone Number)

I certify that on (Date) _____ I contacted the following New York State Certified Minority/Women Business Enterprises by registered mail to obtain bids for work to be performed on the above-mentioned contract.

List of names of MWBEs, and type of work that bids were requested

- _____
- _____
- _____

To the best of my knowledge and belief, said New York State Certified Minority/Women Business Enterprise contractor(s) was unavailable for work on this project, or unable to prepare a bid for the following reasons:

Please check appropriate reasons given by each MBE/WBE firm contacted above.

- _____ I did not have the capability to perform the work
- _____ Contract too small
- _____ Remote location
- _____ Received solicitation notices too late
- _____ Did not want to work for this contractor
- _____ Other (give reason) _____

Signature of Prime Consultant/Contractor

Title

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**MWBE Quarterly Report
of**

Contract No. _____ Project No. _____

Is this a final report? Check One <input type="checkbox"/> Yes <input type="checkbox"/> No

The following information indicates the payment amounts made by the grantee/contractor to the NYS Certified MWBE subcontractor on this project. The payments as shown made are in compliance with contract documents for the above referenced project.

Contractors Name and Address		Federal ID#	Goals/\$ Amt. MBE _____ %= _____ WBE _____ %= _____		Contract Type _____					
		Project Completion Date	Work Location		Paid to Contractor This Quarter _____					
					Total Paid to Contractor To Date _____					
					Reporting Period: _____ 1 st Quarter _____ 3 rd Quarter _____ 2 nd Quarter _____ 4 th Quarter					
MWBE Subcontractor/Vendor	Product Code*	Work Status This Report	Total Subcontractor Contract Amount		Payments this Quarter		Previous Payments		Total Payment Made To Date	
			MBE	WBE	MBE	WBE	MBE	WBE	MBE	WBE
Name:		___ Active								
FED ID#		___ Inactive								
		___ Complete								
Name:		___ Active								
FED ID#		___ Inactive								
		___ Complete								
Name:		___ Active								
FED ID#		___ Inactive								
		___ Complete								
Name:		___ Active								
FED ID#		___ Inactive								
		___ Complete								
Total										

*See Reverse Side for Product Codes

Date _____ **Name** _____ **Title** _____ **Signature** _____ MWBE/EEO6

PRODUCT KEY CODE

A	=	Agriculture/Landscaping (e.g., all forms of landscaping services)
B	=	Mining (e.g., geological investigations)
C	=	Construction
C15	=	Building Construction – General Contractors
C16	=	Heavy Construction (e.g., highway, pipe laying)
C17	=	Special Trade Contractors (e.g., plumbing, heating, electrical, carpentry)
D	=	Manufacturing
E	=	Transportation, Communication and Sanitary Services (e.g., delivery services, warehousing, broadcasting and cable systems)
F/G	=	Wholesale/Retail Goods (e.g., hospital supplies and equipment, food stores, computer stores, office supplies)
G52	=	Construction Materials (e.g., lumber, paint, law supplies)
H	=	Financial, Insurance and Real Estate Services
I	=	Services
I73	=	Business Services (e.g., copying, advertising, secretarial, janitorial, rental services of equipment, computer programming, security services)
I81	=	Legal Services
I82	=	Education Services (e.g., AIDS education, automobile safety, tutoring, public speaking)
I83	=	Social Services (Counselors, vocational training, child care)
I87	=	Engineering, architectural, accounting, research, management and related services



NEW YORK STATE OFFICE OF THE STATE COMPTROLLER
SUBSTITUTE FORM W-9:
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.

Part I: Vendor Information

1. Legal Business Name:		2. Business name/disregarded entity name, if different from Legal Business Name:	
3. Entity Type (Check one only):			Exempt Payee
Individual Sole Proprietor	Partnership	Limited Liability Co.	
Other _____			Public Authority Disregarded Entity

Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type

1. Enter your TIN here: *(DO NOT USE DASHES)*
See instructions.

2. Taxpayer Identification Type (check appropriate box):

Employer ID No. (EIN)	Social Security No. (SSN)	Individual Taxpayer ID No. (ITIN)	N/A (Non-United States Business Entity)
-----------------------	---------------------------	-----------------------------------	---

Part III: Address

1. Physical Address:	2. Remittance Address:
Number, Street, and Apartment or Suite Number	Number, Street, and Apartment or Suite Number
City, State, and Nine Digit Zip Code or Country	City, State, and Nine Digit Zip Code or Country

Part IV: Certification and Exemption from Backup Withholding

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (TIN), and
- I am a U.S. citizen or other U.S. person, and
- (Check one only):

I am not subject to backup withholding. *I am (a) exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding), or*

I am subject to backup withholding. *I have been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, and I have not been notified by the IRS that I am no longer subject to backup withholding.*

Sign Here:

Signature _____	Title _____	Date _____
Print Preparer's Name _____	Phone Number _____	Email Address _____

Part V: Contact Information – Individual Authorized to Represent the Vendor

Vendor Contact Person: _____ Title: _____

Contact's Email Address: _____ Phone Number: _____

NYS Office of the State Comptroller

Instructions for Completing Substitute Form W-9

New York State (NYS) must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. NYS Office of the State Comptroller uses the Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor database and to avoid backup withholding.¹ We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States. You are required to give us the information.

Any payee/vendor who wishes to do business with New York State must complete the Substitute Form W-9. Substitute Form W-9 is the only acceptable documentation. We will not accept IRS Form W-9.

Part I: Vendor Information

1. **Legal Business Name:** For individuals, enter the name of the person who will do business with NYS as it appears on the Social Security card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names.
2. **Business name/disregarded entity name, if different from Legal Business Name:** Enter your DBA name or another name your entity is known by.
3. **Entity Type:** Check the Entity Type doing business with New York State.

Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type

The TIN provided must match the name in the "Legal Business Name" box to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, refers to IRS W-9 instructions for additional information. For other entities, it is your employer identification number (EIN). If you do not have a number or if the account is in more than one name, refer to IRS W-9 instructions for additional information.

1. **Taxpayer Identification Number:** Enter your nine-digit Social Security Number, Individual Taxpayer Identification Number (ITIN) or Employer Identification Number (EIN).
2. **Taxpayer Identification Type:** Check the type of identification number provided.

Part III: Address

1. **Physical Address:** Enter the location of where your business is physically located.
2. **Remittance Address:** Enter the address where payments should be mailed.

Part IV: Certification and Exemption from Backup Withholding

Check the appropriate box indicating your exemption status from backup withholding. Individuals and sole proprietors are not exempt from backup withholding. Corporations are exempt from backup withholding for certain types of payments. Refer to IRS Form W-9 instructions for additional information. The signature should be provided by the individual, owner, officer, legal representative, or other authorized person of the entity listed on the form. Certain exceptions to the signature requirement are listed in the IRS instructions for form W-9.

Part V: Contact Information

Please provide the contact information for an executive at your organization. This individual should be the person who makes legal and financial decisions for your organization.

¹ According to IRS Regulations, OSC must withhold 28% of all payments if a payee/vendor fails to provide OSC its certified TIN. The Substitute Form W-9 certifies a payee/vendor's TIN.