

# New York State Department of Agriculture and Markets

## **IFB#0191: EMERGENCY MEDICAL AND INFIRMARY SERVICES FOR THE NEW YORK STATE FAIR**

### SUBMISSION DOCUMENTS

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New York State Department of Agriculture and Markets  
**IFB#0191: EMERGENCY MEDICAL AND INFIRMARY SERVICES FOR THE  
 NEW YORK STATE FAIR**

**SUBMISSION DOCUMENTS CHECKLIST**

To be completed by Bidder	BID RESPONSE ITEM	FOR AGR USE ONLY
	<b>The following forms and documentation must be submitted at the time of bid submission. The Department reserves the right to request any missing information from the items marked with an asterisk (*) below. Bidder will have three (3) business days to provide any missing information requested by the Department for those items marked with an asterisk (*).</b>	
<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 – Vendor Assurance No Conflict of Interest	<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"/>	*Attachment 9 – MWBE Forms	<input type="checkbox"/>
<input type="checkbox"/>	*Attachment 10 – SDVOB Forms	<input type="checkbox"/>
	<b>The following forms are not required until notification of selection is made, however bidders are <u>strongly encouraged</u> to submit the following forms with the bid response.</b>	
Website:	<i>Sales and Compensating Use Tax Documentation ST-220 CA: <a href="http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf">http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf</a> ST-220 TD: <a href="http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf">http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf</a></i>	
<input type="checkbox"/>	ST-220 CA, Sales and Compensating Use Tax Certification	<input type="checkbox"/>
Website:	<i>Worker's Compensation Documentation <a href="http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp">http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp</a></i>	
<input type="checkbox"/>	<b>Form C-105.2</b> – Certificate of Workers' Compensation Insurance issued by private insurance carriers, or <b>Form U-26.3</b> issued by the State Insurance Fund; OR	<input type="checkbox"/>
<input type="checkbox"/>	<b>Form SI-12</b> – Certificate of Workers' Compensation Self-Insurance; or <b>Form GSI-105.2</b> Certificate of Participation in Workers' Compensation Group Self-Insurance; OR	<input type="checkbox"/>
<input type="checkbox"/>	<b>CE-200</b> 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> <a href="http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp">http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp</a>	
<input type="checkbox"/>	<b>Form DB-120.1</b> - Certificate of Disability Benefits Insurance; OR	<input type="checkbox"/>
<input type="checkbox"/>	<b>Form DB-155</b> - Certificate of Disability Benefits Self-Insurance; OR	<input type="checkbox"/>
<input type="checkbox"/>	<b>CE-200</b> – 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  
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 FOR THE NEW YORK STATE FAIR**

**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. Estimated hours are subject to change depending on the Department's needs at the Department's sole discretion. The selected contractor will only be paid for the actual number of hours worked. The hourly rates below shall include all costs and profit (includes but is not limited to: Direct & Indirect Costs, Payroll, Fringe Benefits, Overhead and Profit, and Medical Equipment necessary to operate the Infirmary per Section 2.2 F. of this IFB). 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.**

Title	Hourly Rate	Multiplied by Estimated Number of Hours for Evaluation Purposes	Total (Hourly Rate Multiplied by the Estimated Number of Hours for Evaluation Purposes)
Operations Services		x 98	
Physician		x 195	
Nurse		x 195	
Triage/EMT		x 195	
Cleaning Personnel		x 187	
<b>TOTAL LABOR</b>			\$ _____

Maximum Allowance for Reimbursement for Medical Supplies per Section 2.2 G. of this IFB:	+ \$5,000.00
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**TOTAL LABOR AND MEDICAL SUPPLIES:** \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

COMPLETE AND RETURN WITH BID RESPONSE

**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 (01/01/2019-12/31/2019)

**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 bidder meets or will comply with the following requirements:

- 1) No other obligation or engagement, contractual or otherwise, will impact the selected contractor’s ability to provide emergency medical and infirmary services at the New York State Fairgrounds during the contract period.
- 2) The selected contractor will have full control of the personnel and supplies/equipment provided and associated services and assumes total responsibility for financial loss, accident, injury, or death that may occur as a result of the supplies/equipment and services provided. The selected 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 insurance policies that meet the requirements set forth in Exhibit 6 of this IFB.
- 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 7.

**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:

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(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: \_\_\_\_\_

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(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

# IFB#0191: EMERGENCY MEDICAL AND INFIRMARY SERVICES FOR THE NEW YORK STATE FAIR

## Attachment 6

### VENDOR RESPONSIBILITY

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

<p><b>Bidder Information—Please Complete This Section</b> 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 <b>Department</b> relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b).</p>		
<b><u>Legal Name of Company Bidding</u></b>	<b><u>Address:</u></b>	
<b><u>Employer's Federal Tax ID Number</u></b>		
<p><b>Check <u>one</u> of the following:</b></p> <p><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.</p> <p><input type="checkbox"/> I am including a completed paper copy of the Vendor Responsibility Questionnaire with the bid proposal.</p> <p><input type="checkbox"/> My entity is exempt based on the OSC listing.</p> <p><input type="checkbox"/> My proposal is less than \$100,000, therefore I am attaching a completed Contractor Information Checklist.</p> <p><input type="checkbox"/> Other, explanation:</p>		
<b>Bidder's Signature</b>	<i>Date</i>	<i>E-mail</i>
	<i>Phone</i>	<i>Fax</i>
<b>Print Name as Signed and Title</b>		

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

**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. <b>FOR GRANTS ONLY</b> - 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: <a href="http://www.grantsreform.ny.gov">www.grantsreform.ny.gov</a>		
10. Please give Organization M/WBE percentage goal _____% See MWBE website: <a href="http://www.esd.ny.gov/MWBE.html">http://www.esd.ny.gov/MWBE.html</a> 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](mailto: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](http://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](http://www.grantsreform.gov) for registration and pre-qualification into the NYS Grants Gateway.

## Attachment 7

### **Vendor Assurance of No Conflict of Interest or Detrimental Effect**

The Firm offering to provide services pursuant to this IFB, as a contractor, joint venture contractor, subcontractor, or consultant, attests that its performance of the services outlined in this IFB does not and will not create a conflict of interest with nor position the Firm to breach any other contract currently in force with the State of New York.

Furthermore, the Firm attests that it will not act in any manner that is detrimental to any State project on which the Firm is rendering services. Specifically, the Firm attests that:

1. The fulfillment of obligations by the Firm, as proposed in the response, does not violate any existing contracts or agreements between the Firm and the State;
2. The fulfillment of obligations by the Firm, as proposed in the response, does not and will not create any conflict of interest, or perception thereof, with any current role or responsibility that the Firm has with regard to any existing contracts or agreements between the Firm and the State;
3. The fulfillment of obligations by the Firm, as proposed in the response, does not and will not compromise the Firm's ability to carry out its obligations under any existing contracts between the Firm and the State;
4. The fulfillment of any other contractual obligations that the Firm has with the State will not affect or influence its ability to perform under any contract with the State resulting from this IFB;
5. During the negotiation and execution of any contract resulting from this IFB, the Firm will not knowingly take any action or make any decision which creates a potential for conflict of interest or might cause a detrimental impact to the State as a whole including, but not limited to, any action or decision to divert resources from one State project to another;
6. In fulfilling obligations under each of its State contracts, including any contract which results from this IFB, the Firm will act in accordance with the terms of each of its State contracts and will not knowingly take any action or make any decision which might cause a detrimental impact to the State as a whole including, but not limited to, any action or decision to divert resources from one State project to another;
7. No former officer or employee of the State who is now employed by the Firm, nor any former officer or employee of the Firm who is now employed by the State, has played a role with regard to the administration of this contract procurement in a manner that may violate section 73(8)(a) of the State Ethics Law; and
8. The Firm has not and shall not offer to any employee, member or director of the State any gift, whether in the form of money, service, loan, travel, entertainment,

hospitality, thing or promise, or in any other form, under circumstances in which it could reasonably be inferred that the gift was intended to influence said employee, member or director, or could reasonably be expected to influence said employee, member or director, in the performance of the official duty of said employee, member or director or was intended as a reward for any official action on the part of said employee, member or director.

Firms responding to this IFB should note that the State recognizes that conflicts may occur in the future because a Firm may have existing or new relationships. The State will review the nature of any such new relationship and reserves the right to terminate the contract for cause if, in its judgment, a real or potential conflict of interest cannot be cured.

Name, Title:

Signature:

Date:

This form must be signed by an authorized executive or legal representative.





**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): Individual Sole Proprietor    Partnership    Limited Liability Co.    Corporation Not For Profit Trusts/Estates Federal, State or Local Government    Public Authority    Disregarded Entity			Exempt Payee
Other _____			

**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: Number, Street, and Apartment or Suite Number	2. Remittance Address: 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: \_\_\_\_\_

**DO NOT SUBMIT FORM TO IRS — SUBMIT FORM TO NYS ONLY AS DIRECTED**

**NYS Office of the State Comptroller**  
**Instructions for Completing Substitute Form W-9**

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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.<sup>1</sup> 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.

---

<sup>1</sup> 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.

## **Attachment 9 (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.

NEW YORK STATE DEPARTMENT OF AGRICULTURE & MARKETS  
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10B Airline Drive  
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(518) 457-4619

E-mail: [mwbe@agriculture.ny.gov](mailto:mwbe@agriculture.ny.gov) Website: <http://www.agriculture.ny.gov/MWBE.html>

**Minority and Women Business Enterprise (MWBE) - Instructions and Requirements**

All required forms are included in this packet and can also be found at <http://www.agriculture.ny.gov/MWBE.html>. Questions should be directed to the Department's MWBE Liaison at [mwbe@agriculture.ny.gov](mailto:mwbe@agriculture.ny.gov) or 518-457-4619.

**For contracts/purchases greater than \$25,000, contractors are required to submit a *MWBE and EEO Policy Statement* & either a *MWBE Utilization Plan* or a *Request for Waiver* prior to contract execution.**

***MWBE EEO1 MWBE AND EEO Policy Statement***

By signing the *MWBE EEO1 MWBE AND EEO Policy Statement* the Prime Contractor acknowledges and accepts the NYS MWBE and Equal Employment Opportunity policies set in their contract. All contractors must confirm their acceptance of these policies by signing the statement at the bottom of the first section.

When completing the Goal Statement portion of the form, the percentage amounts should reflect the MWBE goals found in either *Attachment A-1-Program Specific terms and Conditions* (Grants Gateway contracts) or *Appendix E* (most other contracts). The MWBE Liaison can assist you if you have difficulty locating the contract goals.

**Identifying New York State Certified MWBE vendors**

The standard Department goal is a total of 30% MWBE participation with 15% assigned to NYS Certified minority-owned business enterprise ("MBE") and 15% assigned to NYS Certified women-owned business enterprise ("WBE"). The Prime contractor must search the Empire State Development Corporation's Directory of Certified MWBE Vendors at <https://ny.newnycontracts.com/Default.asp?TN=ny&XID=5320MWBE> to locate possible vendors.

**If a NYS Certified MWBE vendor is found:**

The *MWBE EEO4 MWBE Utilization Plan* must be completed and submitted by the prime contractor.

**If a NYS Certified MWBE cannot be found or the prime contractor can only meet a portion of the goal, a total or partial waiver of the 30% goal may be requested.**

The *MWBE EEO5-1 Request for Waiver Form* must be completed and submitted by the prime contractor. In addition, the prime contractor must demonstrate their need for a waiver by also submitting one of the following forms:

- a) ***MWBE EEO5-3 MWBE Contractor Good Faith Efforts Certification*** – The prime contractor must clearly illustrate the attempts made to identify certified MWBE vendor. This can be written at the bottom of this form or can be provided on a separate memo and should include documentation compiled during the search.
- b) ***MWBE EEO5-5 MWBE Contractor Unavailability Certification*** - This form is only to be used if a MWBE opportunity was identified but they will not perform the work. Please discuss the use of this form with the MWBE Liaison prior to submitting it.

Exemptions and exclusions must be approved by the State, prior to the contractor beginning work on the portion they are requesting be waived of goals.

**(MWBE/EEO FORMS)**

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**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: \_\_\_\_\_

**GOAL STATEMENT**

\_\_\_\_\_ is designated as the Minority Business Enterprise Liaison responsible for administering the (Name of Designated Liaison)

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

**M/WBE Contract Goals**

\_\_\_\_\_ percent Minority and Women's Business Enterprise Participation

\_\_\_\_\_ percent Minority Business Enterprise Participation

\_\_\_\_\_ percent Women's Business Enterprise Participation

\_\_\_\_\_  
(Authorized Representative)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

**NEW YORK STATE DEPARTMENT OF AGRICULTURE & MARKETS  
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10B Airline Drive  
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E-mail: [mwbe@agriculture.ny.gov](mailto: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.

<b>Contractor's Name, Address and Telephone No.</b>  <b>Federal Identification No.</b>	<b>Contract Description Location (Region)</b>  <b>SFS Vendor ID:</b>	<b>MWBE Goals In Contract</b>  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/EE05)**

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/EE04(11/13)

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

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**REQUEST FOR WAIVER FORM**

<b>INSTRUCTIONS: SEE PAGE 2 OF THIS ATTACHMENT FOR REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS.</b>		
<b>Offerer/Contractor Name:</b>	<b>Federal Identification No.:</b>	
<b>Address:</b>	<b>Solicitation/Contract No.:</b>	
<b>City, State, Zip Code:</b>	<b>MWBE Goals: MBE      %      WBE      %</b>	
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.		
<b>Contractor is requesting a:</b>  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: _____		
<b>PREPARED BY (Signature):</b>	<b>Date:</b>	
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.		
<b>Name and Title of Preparer (Printed or Typed):</b>	<b>Telephone Number:</b>	<b>Email Address:</b>
<b>Submit with the bid or proposal or if submitting after award submit to:</b>	***** FOR MWBE USE ONLY *****	
	<b>REVIEWED BY:</b>	<b>DATE:</b>
	<b>Waiver Granted:</b> <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 _____ <b>*Comments:</b>	

## 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.**



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**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

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**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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# SDVOB UTILIZATION PLAN

Initial Plan   
  Revised plan   
 Contract/Solicitation # \_\_\_\_\_

**INSTRUCTIONS:** This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each NYS **Certified** Service-Disabled Veteran-Owned Business (SDVOB) under the contract. By submission of this Plan, the Bidder/Contractor commits to making good faith efforts in the utilization of SDVOB subcontractors and suppliers as required by the SDVOB goals contained in the Solicitation/Contract. Making false representations or providing information that shows a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization. Attach additional sheets if necessary.

BIDDER/CONTRACTOR INFORMATION		SDVOB Goals In Contract
Bidder/Contractor Name:	NYS Vendor ID:	%
Bidder/Contractor Address (Street, City, State and Zip Code):		
Bidder/Contractor Telephone Number:	Contract Work Location/Region:	
Contract Description/Title:		

CONTRACTOR INFORMATION			
Prepared by (Signature):	Name and Title of Preparer:	Telephone Number:	Date:
Email Address:			

***If unable to meet the SDVOB goals set forth in the solicitation/contract, bidder/contractor must submit a request for waiver on the SDVOB Waiver Form.***

SDVOB Subcontractor/Supplier Name:			
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:	
Address:	Email Address:		
Detailed description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%			

SDVOB Subcontractor/Supplier Name:			
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:	
Address:	Email Address:		
Detailed Description of work to be provided by subcontractor/supplier:			
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%			

## FOR DEPARTMENT USE ONLY

Department Authorized Signature:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Accepted as Noted	<input type="checkbox"/> Notice of Deficiency
NAME (Please Print):	SDVOB %/\$ _____	Date Received:	Date Processed:
Comments:			

**NYS CERTIFIED SDVOB SUBCONTRACTOR/SUPPLIER INFORMATION:** The directory of New York State Certified SDVOBs can be viewed at: [http://ogs.ny.gov/Core/docs/CertifiedNYS\\_SDVOB.pdf](http://ogs.ny.gov/Core/docs/CertifiedNYS_SDVOB.pdf)

**Note: All listed Subcontractors/Suppliers will be contacted and verified by Department.**

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(518) 457-4619 E-mail: [mwbe@agriculture.ny.gov](mailto:mwbe@agriculture.ny.gov)

## ADDITIONAL SHEET

<b>Bidder/Contractor Name:</b>	<b>Contract/Solicitation #</b> _____
--------------------------------	--------------------------------------

<b>SDVOB Subcontractor/Supplier Name:</b>		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%		
<b>SDVOB Subcontractor/Supplier Name:</b>		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%		
<b>SDVOB Subcontractor/Supplier Name:</b>		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%		
<b>SDVOB Subcontractor/Supplier Name:</b>		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%		
<b>SDVOB Subcontractor/Supplier Name:</b>		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When \$ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): \$ _____ or _____%		

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**APPLICATION FOR WAIVER OF SDVOB PARTICIPATION GOAL**

**(must be submitted before requesting final payment on the Contract)**

<b>Section 1: Basic Information</b>	
Contractor's Name:	Federal Identification Number:
Street Address:	E-Mail Address:
City, State, Zip Code:	Telephone:(     )     -
Contract Number:	SDVOB CONTRACT GOALS
	%

<b>Section 2: Type of SDVOB Waiver Requested</b>			
<input type="checkbox"/> Total	<input type="checkbox"/> Partial	If partial waiver, please enter the revised SDVOB percentage:	%
Please explain the reason for the waiver request:			

<b>Section 3: Supporting Documentation</b>
<p>Provide the following documentation as evidence of your good faith efforts to meet the SDVOB goals set forth in the contract and in support of your waiver application:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Attachment A.</b> Copies of solicitations to SDVOBs and any responses thereto.</li> <li><input type="checkbox"/> <b>Attachment B.</b> Explanation of the specific reasons each SDVOB that responded to Bidders/Contractors' solicitation was not selected.</li> <li><input type="checkbox"/> <b>Attachment C.</b> Dates of any pre-bid, pre-award or other meetings attended by Contractor, if any, scheduled by Department with certified SDVOBs whom Department determined were capable of fulfilling the SDVOB goals set forth in the contract.</li> <li><input type="checkbox"/> <b>Attachment D.</b> 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 SDVOBs.</li> <li><input type="checkbox"/> <b>Attachment E.</b> Other information deemed relevant to the request.</li> </ul>

<b>Section 4: Signature and Contact Information</b>
<b>By signing and submitting this form, the contractor certifies that a good faith effort has been made to promote SDVOB participation pursuant to the SDVOB requirements set forth under the solicitation or Contract. Failure to submit complete and accurate information may result in a finding of noncompliance, non-responsibility, and a suspension or termination of the contract.</b>

Prepared By: (Signature)	Date:
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Name and Title of Preparer (Print or Type)
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<b>For DEPARTMENT Use Only</b>
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Reviewed By:	Date:
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Decision:
<input type="checkbox"/> Full SDVOB waiver granted <input type="checkbox"/> Partial SDVOB waiver granted; revised SDVOB goal: _____ % <input type="checkbox"/> SDVOB waiver denied

Approved By:	Date:
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Date Notice of Determination Sent:
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Comments:
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# ENVELOPE 1 CHECKLIST

## Forms and Assurances

**Did you remember to include (submit this checklist along with the contents below):**

Place an "X" to indicate Bidder has included the following:

- Original plus one (1) paper copy of the Forms and Assurances in a separate envelope labeled "IFB #0191 Forms and Assurances - Do Not Open" (including original signatures, where necessary):
  - Cover Sheet and Submission Documents Checklist**
  - Attachment 2 - Mandatory Contract Requirements Certification Form (Original Signatures)**
  - Attachment 3 - Non-Collusive Bidding Certification (Original Signatures and Notarized)**
  - Attachment 4 - MacBride Nondiscrimination Certification Form (Original Signatures)**
  - Attachment 5 - Procurement Lobbying Law Forms (Original Signatures)**
  - Attachment 6 - Vendor Responsibility Forms (Original Signatures)**
  - Attachment 7 – Vendor Assurance No Conflict of Interest Form (Original Signatures)**
  - Attachment 8 - Substitute Form W-9, if SFS Vendor ID needed (Original Signatures)**

# ENVELOPE 2 CHECKLIST Bid Form

**Did you remember to include (submit this checklist along with the contents below):**

Place an "X" to indicate Bidder has included the following:

\_\_\_ Original plus two (2) paper copies of the completed Bid Form should be mailed in a separate envelope labeled "IFB #0191 Bid Form - Do Not Open" and must include the following outlined below:

\_\_\_ **Attachment 1 - Bid Form and Subcontracting Form (Original Signatures)**

# ENVELOPE 3 CHECKLIST MWBE Forms

**Did you remember to include (submit this checklist along with the contents below):**

Place an "X" to indicate Bidder has included the following:

\_\_\_ Original plus one (1) paper copy of the completed MWBE/EEO Documents should be mailed in a separate envelope labeled "IFB #0191 MWBE/EEO Documents - Do Not Open" and must include the following outlined below:

\_\_\_ **Attachment 9 - MWBE/EEO Documents (Original Signatures)**



# ENVELOPE 4 CHECKLIST SDVOB Forms

**Did you remember to include (submit this checklist along with the contents below):**

Place an "X" to indicate Bidder has included the following:

\_\_\_ Original plus one (1) paper copy of the completed SDVOB Documents should be mailed in a separate envelope labeled "IFB #0191 SDVOB Documents - Do Not Open" and must include the following outlined below:

\_\_\_ **Attachment 10 - SDVOB Documents (Original Signatures)**