# ATTACHMENT A

### BIDDER’S CERTIFIED STATEMENTS

**(To be completed and included in the Administrative Proposal documents)**

|  |
| --- |
| **RFP# 16425-Child and Adolescent Needs and Strengths-New York (CANS-NY) Technical Assistance Institute** |
| **1. Information with regard to the Bidder** |
| 1. **Provide the Bidder’s name, address, telephone number, and fax number.** |
| **Name:** Click here to enter text. |
| **Address:** Click here to enter text. |
| **City, State, ZIP Code:** Click here to enter text. |
| **Telephone Number (including area code):** Click here to enter text. |
| **Fax Number (including area code):** Click here to enter text. |
| 1. **Provide the name, address, telephone number, and email address of the Bidder’s Primary Contact with DOH with regard to this proposal.** |
| **Name:** Click here to enter text. |
| **Address:** Click here to enter text. |
| **City, State, ZIP Code:** Click here to enter text. |
| **Telephone Number (including area code):** Click here to enter text. |
| **Email Address:** Click here to enter text. |
| **2. By submitting the bid the Bidder acknowledges and agrees to all of the following:**  **[Please note: alteration of any language contained in this section may render your proposal non-responsive.]** |
| **Bidder certifies that either there is no conflict of interest or that there are business relationships and /or ownership interests for the organization for the above named organization that may represent a conflict of interest for the organization as a Bidder and attached to this form is a description of how the potential conflict of interest and/or disclosure of confidential information relating to this contract will be avoided.** |
| **The Bidder certifies that it can and will provide and make available, at a minimum, all services as described in the RFP if selected for award.** |
| **Bidder acknowledges that, should any alternative proposals or extraneous terms be submitted with the proposal, such alternate proposals or extraneous terms will not be evaluated by the DOH.** |
| **Bidder accepts, without any added conditions, qualifications or exceptions, the contract terms and conditions contained in this RFP including any exhibits and attachments.** |
| **The Bidder is either registered to do business in NYS, or if formed or incorporated in another jurisdiction than NYS, can provide a Certificate of Good Standing from the applicable jurisdiction or provide an explanation, subject to the sole satisfaction of the Department, if a Certificate of Good Standing is not available, and if selected, the vendor will register to do business in NYS.** |
| **The Bidder agrees to provide the identity of any planned subcontractors to fulfill the requirements of this part of the RFP, in the Bidder’s Executive Summary, submitted with their technical proposal.** |
| 1. **The Bidder is (check as applicable):** |
| **A New York State Certified Minority-Owned Business Enterprise**  **A New York State Certified Woman-Owned Business Enterprise**  **A New York State Certified Minority and Woman-Owned Business Enterprise (Dual Certified)**  **None of the above** |
| 1. **Provide the name, title, address, telephone number, and email address of the person authorized to receive Notices with regard to the contract entered into as a result of this procurement. See Section \_\_ of the DOH Agreement (Attachment E), NOTICES.** |
| **Name:** Click here to enter text. |
| **Title:** Click here to enter text. |
| **Address:** Click here to enter text. |
| **City, State, ZIP Code:** Click here to enter text. |
| **Telephone Number (including area code):** Click here to enter text. |
| **Email Address:** Click here to enter text. |
| 1. **Bidder’s Taxpayer Identification Number:** |
| Click here to enter text. |
| 1. **Bidder’s NYS Vendor Identification Number as discussed in Section 6.1.F, if enrolled:** |
| Click here to enter text. |
| **By my signature on this Attachment A, I certify to the statements made above in Section 2 and that I am authorized to bind the Bidder contractually. Furthermore, I certify that all information provided in connection with its proposal is true and accurate.** |
| **Typed or Printed Name of Authorized Representative of the Bidder** |
| **Title/Position of Authorized Representative of the Bidder** |
| **Signature of Authorized Representative of the Bidder** |
| **Date** |
|  |

# ATTACHMENT B

### PROPOSAL DOCUMENT CHECKLIST

**Please reference Section 7.0 for the appropriate format and quantities for each proposal submission.**

|  |  |  |  |
| --- | --- | --- | --- |
| **RFP# 16425-Child and Adolescent Needs and Strengths-New York (CANS-NY) Technical Assistance Institute** | | | |
| **FOR THE ADMINISTRATIVE PROPOSAL** | | | |
| **RFP §** | **REQUIREMENT** | | **INCLUDED** |
| **§ 6.1.A** | **M/WBE Participation Requirements:** | |  |
| **Attachment F Form 1** | |  |
| **Attachment F Form 2 (If Applicable)** | |  |
| **§ 6.1.B** | **Appendix D – Disclosure of Prior Non-Responsibility Determinations, completed and signed.** | |  |
| **§ 6.1.C** | **Attachment J- Vendor Responsibility Attestation** | |  |
| **§ 6.1.D** | **Freedom of Information Law – Proposal Redactions (If Applicable)** | |  |
| **§ 6.1.E** | **Attachment A - Bidder’s Certified Statements, completed & signed.** | |  |
| |  |  |  | | --- | --- | --- | | **§ 6.1.G** | **Attachment H- Encouraging Use of New York Businesses in Contract Performance** |  | | | | |
| **FOR THE TECHNICAL PROPOSAL** | | | |
| **RFP §** | | **REQUIREMENT** | **INCLUDED** |
| **§ 6.2.A** | **Title Page** | |  |
| **§ 6.2.B** | **Table of Contents** | |  |
| **§ 6.2.C** | **Documentation of Bidder’s Eligibility** | |  |
| **§ 6.2.D** | **Technical Proposal Narrative** | |  |
| **FOR THE COST PROPOSAL**  **REQUIREMENT** | | | |
| **RFP §** | **REQUIREMENT** | | **INCLUDED** |
| **§ 6.3** | **Attachment C- Cost Proposal** | |  |

## - M/WBE Form #1 -

**New York State Department of Health**

**M/WBE UTILIZATION PLAN**

|  |  |
| --- | --- |
| **Bidder/Contractor Name:** Click here to enter text. | |
| **Vendor ID:** Click here to enter text. | **Telephone No.**  Click here to enter text.  **Email:** Click here to enter text. |
| **RFP/Contract Title:** Click here to enter text. | **RFP/Contract No.**  Click here to enter text. |

**Description of Plan to Meet M/WBE Goals**

|  |
| --- |
| Click here to enter text. |

**PROJECTED M/WBE USAGE**

|  |  |  |
| --- | --- | --- |
|  | **%** | **Amount** |
| **1. Total Dollar Value of Proposal Bid** | **100** | Click here to enter text. |
| **2. MBE Goal Applied to the Contract** | Click here to enter text. | **$** Click here to enter text. |
| **3. WBE Goal Applied to the Contract** | Click here to enter text. | **$** Click here to enter text. |
| **4. M/WBE Combined Totals** | Click here to enter text. | **$** Click here to enter text. |

“Making false representation or including information evidencing 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 MWBE utilization.”

Form #1 -Page 1 of 3

**New York State Department of Health**

**M/WBE UTILIZATION PLAN**

**MINORITY OWNED BUSINESS ENTERPRISE (MBE) INFORMATION**

**In order to achieve the MBE Goals, Bidder expects to subcontract with New York State certified MINORITY-OWNED entities as follows:**

|  |  |  |
| --- | --- | --- |
| **MBE Firm**  **(Exactly as Registered)** | **Description of Work (Products/Services) [MBE]** | **Projected MBE Dollar Amount** |
| **Name**    **Address**    **City, State, ZIP**    **Employer I.D.**    **Telephone Number**  **(****)** **-** |  | **$** |
| **Name**    **Address**    **City, State, ZIP**    **Employer I.D.**    **Telephone Number**  **(   )     -** |  | **$** |
| **Name**    **Address**    **City, State, ZIP**    **Employer I.D.**    **Telephone Number**  **(   )     -** |  | **$** |

Form #1 -Page 2 of 3

**New York State Department of Health**

**M/WBE UTILIZATION PLAN**

**WOMEN OWNED BUSINESS ENTERPRISE (WBE) INFORMATION**

**In order to achieve the WBE Goals, Bidder expects to subcontract with New York State certified WOMEN-OWNED entities as follows:**

|  |  |  |
| --- | --- | --- |
| **WBE Firm**  **(Exactly as Registered)** | **Description of Work (Products/Services) [WBE]** | **Projected WBE Dollar Amount** |
| **Name**    **Address**    **City, State, ZIP**    **Employer I.D.**    **Telephone Number**  **(   )     -** |  | **$** |
| **Name**    **Address**    **City, State, ZIP**    **Employer I.D.**    **Telephone Number**  **(   )     -** |  | **$** |
| **Name**    **Address**    **City, State, ZIP**    **Employer I.D.**    **Telephone Number**  **(   )     -** |  | **$** |

Form #1 -Page 3 of 3

## - M/WBE Form #2 -

**New York State Department of Health**

**Waiver Request**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Offeror/Contractor Name:**  Click here to enter text. | | **Federal Identification No.:**  Click here to enter number. | | |
| **Address:**  Click here to enter text. | | **Solicitation/Contract No.:**  Click here to enter number. | | |
| **City, State, Zip Code:**  Click here to enter text. | | **M/WBE Goal: MBE** %%**% WBE** %%**%**  (From Form #1) | | |
| **By submitting this form and the required information, the officer or/contractor certifies that every Good Faith Effort has been taken to promote M/WBE participation pursuant to the M/WBE requirements set forth under the contract.** | | | | |
| **Contractor is requesting a:**  **MBE Waiver – A waiver of the MBE Goal for this procurement is requested. Total Partial**  **WBE Waiver – A waiver of the WBE Goal for this procurement is requested. Total Partial**  **Waiver Pending ESD Certification** – (Check here if subcontractors or suppliers of Contractor are not certified M/WBE, but an application for certification has been filed with Empire State Development.)  **Date of such filing with Empire State Development:** Click here to enter a date. | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PREPARED BY (Signature) Date:**  SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR’S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE 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:** [**doh.sm.mwbe@health.ny.gov**](mailto:doh.sm.mwbe@health.ny.gov) | | **\*\*\*\*\*\*\*\*\* FOR DMWBD USE ONLY \*\*\*\*\*\*\*\*** | | |
| **REVIEWED BY:** | | **DATE:** |
| **Waiver Granted: YES NO**  **MBE:  WBE:**  **Total Waiver Partial Waiver**  **ESD Certification Waiver \*Conditional**  **Notice of Deficiency Issued**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\*Comments:** | | |

Form #2 -Page 1 of 1

## - M/WBE Form #4 -

**New York State Department of Health**

**M/WBE STAFFING PLAN**

**For project staff, consultants and/or subcontractors working on this grant complete the following plan. This has no impact on MWBE utilization goals, or the submitted Utilization Plan - Form#1. This is for diversity research purposes.**

**Contractor Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STAFF** | **Total** | **Male** | **Female** | **Black** | **Hispanic** | **Asian/**  **Pacific**  **Islander** | **Other** |
| **Executive/Senior level Officials** |  |  |  |  |  |  |  |
| **Managers/Supervisors** |  |  |  |  |  |  |  |
| **Professionals** |  |  |  |  |  |  |  |
| **Technicians** |  |  |  |  |  |  |  |
| **Administrative Support** |  |  |  |  |  |  |  |
| **Craft/Maintenance Workers** |  |  |  |  |  |  |  |
| **Laborers and Helpers** |  |  |  |  |  |  |  |
| **Service Workers** |  |  |  |  |  |  |  |
| **Totals** |  |  |  |  |  |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Name and Title)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

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## - M/WBE Form #5 –

**MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES – EQUAL**

**EMPLOYMENT OPPORTUNITY POLICY STATEMENT**

M/WBE AND EEO POLICY STATEMENT

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

|  |
| --- |
| M/WBE |

|  |
| --- |
| EEO |

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

Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.

Request a list of State-certified M/WBEs from AGENCY and solicit bids from them directly.

Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.

Where feasible, divide the work into smaller portions to enhanced participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.

Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.

Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature & Date

(a) This organization will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability 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 disability 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 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.

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# ATTACHMENT G

### BIDDER’S DISCLOSURE OF PRIOR NON-RESPONSIBILITY DETERMINATIONS

Procurement Title:[Type text]

RFP #: [Type text]

Bidder Name: [Type text]

Bidder Address: [Type text]

Bidder SFS Vendor ID #: [Type text]

Bidder Federal ID#: [Type text]

Affirmations & Disclosures related to State Finance Law §§ 139-j & 139-k:

Offerer/Bidder affirms that it understands and agrees to comply with the procedures of the Department of Health relative to permissible contacts (provided below) as required by State Finance Law §139-j (3) and §139-j (6) (b).

Pursuant to State Finance Law §§139-j and 139-k, this Invitation for Bid or Request for Proposal includes and imposes certain restrictions on communications between the Department of Health (DOH) and an Offerer during the procurement process. An Offerer/Bidder is restricted from making contacts from the earliest notice of intent to solicit bids/proposals through final award and approval of the Procurement Contract by the DOH 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 §139-j(3)(a). Designated staff, as of the date hereof, is/are identified on the first page of this Invitation for Bid, Request for Proposal, or other solicitation document. DOH employees are also required to obtain certain information when contacted during the restricted period and make a determination of the responsibility of the Offerer/Bidder pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award and in the event of two findings within a 4 year period, the Offerer/Bidder is debarred from obtaining governmental Procurement Contracts. Further information about these requirements can be found on the Office of General Services Website at: <http://ogs.ny.gov/acpl/>

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 check):

No Yes

If yes, please answer the next questions:

1a. Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j (Please check):

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

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

**Governmental Entity:** [Type text]

**Date of Finding of Non-responsibility:** [Type text]

**Basis of Finding of Non-Responsibility:** [Type text]

(Add additional pages as necessary)

2a. 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

2b. If yes, please provide details below.

**Governmental Entity:** [Type text]

**Date of Termination or Withholding of Contract**: [Type text]

Basis of Termination or Withholding: [Type text]

(Add additional pages as necessary)

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Officer Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Officer Title) (Telephone)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e-mail Address)

Attachment G Page 2

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# ATTACHMENT H

### ENCOURAGING USE OF NEW YORK BUSINESSES IN CONTRACT PERFORMANCE

**I. Background**

New York State businesses have a substantial presence in State contracts and strongly contribute to the economies of the state and the nation. In recognition of their economic activity and leadership in doing business in New York State, Bidders/proposers for this contract for commodities, services or technology are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles.

Bidders/proposers need to be aware that all authorized users of this contract will be strongly encouraged, to the maximum extent practical and consistent with legal requirements, to use responsible and responsive New York State businesses in purchasing commodities that are of equal quality and functionality and in utilizing service and technology. Furthermore, Bidders/proposers are reminded that they must continue to utilize small, minority and women-owned businesses, consistent with current State law.

Utilizing New York State businesses in State contracts will help create more private sector jobs, rebuild New York’s infrastructure, and maximize economic activity to the mutual benefit of the contractor and its New York State business partners. New York State businesses will promote the contractor’s optimal performance under the contract, thereby fully benefiting the public sector programs that are supported by associated procurements.

Public procurements can drive and improve the State’s economic engine through promotion of the use of New York businesses by its contractors. The State therefore expects Bidders/ proposers to provide maximum assistance to New York businesses in their use of the contract. The potential participation by all kinds of New York businesses will deliver great value to the State and its taxpayers.

**II. Required Identifying Information**

Bidders/proposers can demonstrate their commitment to the use of New York State businesses by responding to the question below:

Will New York State Businesses be used in the performance of this contract?

YES NO

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If yes, identify New York State businesses that will be used and attach identifying information. Information should include at a minimum: verifiable business name, New York address and business contact information.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **New York Business Identifying Information Business Name** | **Business Address** | **Contact Name** | **Contact Phone** | **Contact Email Address** |
|  |  |  |  |  |
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