



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF HIGHER EDUCATION

Office of Family and Community Engagement  
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Email: [NYSMBK@nysed.gov](mailto:NYSMBK@nysed.gov)

March 26, 2021

Dear Challenge Grant Colleagues:

Please read the following reminders regarding budgets and amendments.

1. **2021-22 Budgets (FS-10s):**

**The 2021-2022 budgets can be e-mailed now, however are due no later than 4/22/21.**

Remember you must also include all your M/WBE documents. Your budget will not receive final approval until you have cleared M/WBE. Please ensure that you have mailed in a hard copy of your FS-10 with original signature (blue ink preferred), if you have been informed by myself that your budget is approvable and ready to be printed, signed and mailed. Once your budget is approved by Grants Finance, you will receive an initial payment of 25% of your annual budget, you may then begin to request reimbursement using the FS-25 form.

2. **2021-2022 Budget Encumbrances:**

All project encumbrances must be made within the approved funding period from July 1, 2021- June 30, 2022. **The primary deadline for Amendments (FS-10-A) is March 31, 2022.**

**REMINDER: MBKCG-SED** must be informed in writing of all amendments made to an approved budget within 30 days of each occurrence, but no later than July 31st of the program year.

3. **M/WBE:**

Enclosed, please find the M/WBE Compliance Report used to track M/WBE expenditures for grants with an M/WBE Participation Goal. Each grant project with M/WBE Participation Goals, is required to submit an M/WBE Compliance Report (M/WBE 104-G) to demonstrate their compliance. This form is to be used for the tracking of M/WBE expenditures throughout the year to ensure projects are meeting their M/WBE participation goals. The completed form (see attached) should be submitted to the M/WBE Mailbox [MWBEgrants@nysed.gov](mailto:MWBEgrants@nysed.gov), as soon as a program has either met their M/WBE requirements for the year, or no later than 30 days after the project end date.

Final payments will not be made until the M/WBE Compliance Report is received by the M/WBE office. As a reminder, it is the responsibility of the grantee to maintain M/WBE Compliance. In addition to tracking spending with the M/WBE Compliance Report, please be sure to check in with your NYSED M/WBE Compliance Coordinator should changes to M/WBE occur when budget amendments (FS- 10-As) are utilized. Should budget amendments impact M/WBE calculations, compliance, or the approved M/WBE Utilization Plan, a new M/WBE package must be submitted and

then reviewed by the M/WBE Office. Please feel free to contact the M/WBE Office, [MWBEgrants@nysed.gov](mailto:MWBEgrants@nysed.gov), with any questions.

**4. FS-25s:**

You may submit FS-25s to Grants Finance throughout the program year for reimbursement and are encouraged to do so. Be mindful that

- a) The initial payment of 25% of the annual budget will be made upon execution of the contract.
- b) Subsequent payments will be made following the project submission of a FS-25 form.
- c) The final payment of 10% occurs upon the approval of the Final Program and Expenditure Reports (FS-10-F Long Form).

It is a good practice to set up a withdrawal schedule with your budget office. These may be quarterly or monthly depending on your expenses. However, you decide, please make sure that your district is drawing down its funds and does not wait until the end of the year. Once you have developed a schedule in conjunction with your budget office it is a good idea to check with them to ensure funds have been withdrawn. FS-25s can be found at the following website: <http://www.oms.nysed.gov/cafe/forms/>

**5. FS-10-Fs:**

Your fiscal report for 2021-2022 is due on July 29, 2022. FS-10-Fs are submitted directly to NYSED's Grants Finance office. A copy is emailed to the program officer. Please note that your final budget must match expenses that were approved in your FS-10 or your most recently approved FS-10-A. Grants Finance does inform the program office if there are unallowable expenses in your FS-10-Fs. FS-10-Fs that do not match the approved expenses are subject to be rejected and will further delay final payment to your district. FS-10-F forms can be found at the following website: <http://www.oms.nysed.gov/cafe/forms/>

**6. Final Program Report**

Your final program report for 2021-2022 is due on July 29, 2022.


**7. FS-10-As:**

Budget amendments may be submitted after you have received confirmation from Grants Finance that your FS-10 for the 2021-2022 program year has been approved. Please remember that if you require an amendment, you must first email me and make a request to amend your budget. If your amendment changes your M/WBE goal calculation you must resubmit all M/WBE required documents, which will require review and approval by the M/WBE unit. Once you have received email confirmation that your FS-10-A is approvable, then you may print, sign (blue ink preferred), and mail a hard copy to the program office.

**8. PDF FS-10 Packet**

For your convenience and additional reference, we have enclosed a fillable PDF FS-10 Packet. This packet contains all required attachments which are embedded to this document. It is also available on the [MBK Website](#).

Sincerely,



## Challenge Due Dates

Project Name	FS-10 Due Date	Program Start Year	Program Year Initial End Date	Program Extension End Date	Updated Interim Report Due Date	FS-10-A Due Date	Final Program Report Due Date	FS-10-F Due	M/WBE Compliance Report Due Date
MBK Challenge Grant Rd 1 Ext. (2017-2021) Project # 0528-19-00XX	N/A	9/1/2018	8/31/2019	7/30/2021	10/30/2020	1/28/2021	8/30/2021	8/30/2021	8/30/2021
MBK Challenge Grant Rd 2 Ext. (2020-2021) Project # 0528-20-20XX	N/A	1/13/2020	6/30/2020	7/30/2021	10/30/2020	1/28/2021	8/30/2021	8/30/2021	8/30/2021
MBK Challenge Grant Rd 2 (2020 - 2021) Project # 0528-21-20XX	8/31/2020	7/1/2020	6/30/2021	N/A	10/30/2020	3/31/2021	7/30/2021	7/30/2021	7/30/2021
MBK Challenge Grant Rd 2 (2021 - 2022) Project # 0528-22-20XX	4/22/2021	7/1/2021	6/30/2022	N/A	10/30/2021	3/31/2022	7/29/2022	7/29/2022	7/29/2022

## 2021-2022 MBK FS-10 Packet

Complete all components of this packet. The original and three copies of the complete packet must be:

**A. Post mailed to the MBK Challenge Grant Office, B. Emailed to [MBKChallenge@nysed.gov](mailto:MBKChallenge@nysed.gov).**

District Name/Number \_\_\_\_\_

District Address \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Agency SED Code \_\_\_\_\_ Project Number 0528-22- \_\_\_\_\_

Allocation Amount \$ \_\_\_\_\_ Grades to be served \_\_\_\_\_

District Contact Name \_\_\_\_\_ Contact Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Contact Email \_\_\_\_\_

CSI Building(s) where services will be delivered: \_\_\_\_\_

Projected Number of Program Participants:

Academic Year Number of Program Participants \_\_\_\_\_

Summer Number of Program Participants \_\_\_\_\_

\*Unduplicated Count Number of Program Participants \_\_\_\_\_

\*Unduplicated count: is the number of students participating (headcount) in the summer plus all other academic year student participants who did not attend in the summer.

### A complete MBKCG FS-10 Packet includes items A-G:

- A. Cover Page
- B. MBKCG Service Modification Request
- C. FS-10 Excel Version - signed in blue ink and three copies ([click here](#)).
- D. MBK Composite Budget
- E. Budget Narrative Justification
- F. M/WBE Forms
- G. Project Organizational Flow Chart
- H. Program Objectives Form

**MBK Service Modification Request**

Currently Approved Practice

Will there be proposed changes to the approved work plan and delivery of service: Select Yes No

**Proposed Modification Request**

What would you like to change?

**Rationale**

What is the rationale for the proposed modification?

## Program Objectives Form

### Instructions for Completing Program Objectives, Strategies, Activities, Services and Performance Measures/Data Sources:

1. Make as many copies of the forms as needed. An example of one form is attached, copy for the additional milestone(s) accepted by the school district.
2. One or more of the three identified MBKCG milestones should be addressed. Complete one sheet for each milestone.
3. Provide all the information requested in each column of the Program Objectives Form.
4. Definitions:
  - **Strategies:** Describe the process or method MBKCG project will use to achieve the MBKCG milestone indicated on the form (how).
  - **Activities/Services:** Indicate what MBKCG project will do to accomplish the MBKCG milestone indicated on the form (action/work).
  - **Staff Responsible:** Indicate the staff members who will be responsible and their duties. Use the title(s) for individuals listed. Discuss the role that principals, community partners, community school superintendents, and executive superintendent will play.
  - **Timeframe:** Indicate the timeframe(s) for each item listed.
  - **Performance Measure:** Indicate measurable elements and the acceptable evidence that will indicate accomplishment of the MBKCG milestone listed on the form.
  - **Data Source:** Indicate the sources from which the data elements are drawn.

Please upload the completed Program Objective Form to your email submission.

## **FS-10, Composite, and Budget Narrative**

1. Grantees must submit an FS-10 budget for project period of July 1, 2021 - June 30, 2022. Costs must follow applicable state and federal laws and regulations and the Department's Fiscal Guidelines and MBKCG allowable cost. These guidelines, as well as the FS-10 form, are available on-line at <http://www.oms.nysed.gov/cafe>. The FS-10 must bear the original signature of the Chief School/Administrative Officer.
2. MBK Composite - Indicate the proposed expenditures for the 2021-2022 project. Grantees must provide complete information and indicate all proposed expenditures from MBKCG, school district, and other matching funds. The budget must be consistent with the scope of services, reasonable, cost effective, and the staffing pattern must be appropriate for the services to be offered.
3. Budget narrative expenditures description (including descriptions of school, district, and other source contributions) must follow the general format of the MBK Composite and FS-10 Proposed Budget using the same sequence of categories and code numbers. The budget justification must be clear and appropriate for each item of the budget.
4. Each salaried position is identified by title, anticipated salary amount, and the time contribution to the MBKCG Project. Indicate the per diem or hourly rate for each consultant identified under the Purchased Services Category. Provide the unit rate or estimate for all services or supplies.
5. The budget should reflect approvable and legitimate program expenses.

### **FS-10**

Grantees must submit an FS-10 budget for project period of July 1, 2021 - June 30, 2022. Costs must follow applicable state and federal laws and regulations and the Department's Fiscal Guidelines and MBKCG allowable cost. These guidelines, as well as the FS-10 form, are available on-line at <http://www.oms.nysed.gov/cafe/forms/>. The FS-10 must bear the original signature of the Chief School/Administrative Officer.

[Please upload the completed and signed PDF FS-10 document to your email submission.](#)

### **MBK Composite is in the attached window to the left of this PDF.**

Indicate the proposed expenditures for the 2021-2022 project. Grantees must provide complete information and indicate all proposed expenditures from MBKCG, school, district, and other matching funds. The budget must be consistent with the scope of services, reasonable, cost effective, and the staffing pattern must be appropriate for the services to be offered.

[Please upload the completed and signed Composite document to your email submission.](#)

**Budget Narrative Justification**

Budget Narrative Justification expenditures description (including descriptions of school, district, and other source contributions) must follow the general format of the MBK Composite and FS-10 Proposed Budget using the same sequence of categories and code numbers. The budget narrative justification must be clear and appropriate for each item of the budget.

Each salaried position is identified by title, anticipated salary amount, and the time contribution to the MBK Project. Indicate the per diem or hourly rate for each consultant identified under the Purchased Services Category. Provide the unit rate or estimate for all services or supplies.

Please complete and upload the completed Budget Narrative to your email submission.

**M/WBE Grants Packet original signatures required. The MWBE Grants Packet is attached to this email.**

Please upload the completed M/WBE Grants Packet to your email submission.

**Submission Details**

**Complete all components of this Packet. The original with signatures and three copies of the complete packet must be:**

**A. Post Mailed**

NYSED  
My Brother's Keeper Challenge Grant  
Office of Access, Equity and Community Engagement Services  
New York State Education Department  
89 Washington Avenue, 960 EBA  
Albany, NY 12234

**B. Emailed with signatures to [MBKChallenge@nysed.gov](mailto:MBKChallenge@nysed.gov)**

**The subject line of the email submission must detail district name/number and project number.**



### Instructions for Completing Program Objectives Form:

1. Make as many copies of the forms as needed. An example of one form is attached, copy for the additional milestone(s) accepted by the school district.
2. One or more of the three identified MBKCG milestones should be addressed. Complete one sheet for each milestone.
3. Provide all the information requested in each column of the Program Objectives Form.
4. Definitions:
  - **Strategies:** Describe the process or method MBKCG project will use to achieve the MBKCG milestone indicated on the form (how).
  - **Activities/Services:** Indicate what MBKCG project will do to accomplish the MBKCG milestone indicated on the form (action/work).
  - **Staff Responsible:** Indicate the staff members who will be responsible and their duties. Use the title(s) for individuals listed. Discuss the role that principals, community partners, community school superintendents, and executive superintendent will play.
  - **Timeframe:** Indicate the timeframe(s) for each item listed.
  - **Performance Measure:** Indicate measurable elements and the acceptable evidence that will indicate accomplishment of the MBKCG milestone listed on the form.
  - **Data Source:** Indicate the sources from which the data elements are drawn.

[illegible]



# Guide to the New York State Education Department's Minority- and Women-Owned Business Enterprise (M/WBE) Program's Grant Review Process

New York State Education  
Department

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Created By: Aimee E. Lang

# Governor Cuomo Signs S6575/A8414 to Renew and Expand Nation-Leading Law Requiring Participation of Minority and Women Owned Business Enterprises in State Contracts

MWBE

SHARE   

## Expansion of New York State's M/WBE Program Until 2024

The MWBE program, designed to make New York's economy more inclusive by requiring MWBE participation in State contracts, was due to expire at the end of 2019. The reauthorization extends the program until **2024** and amends the law to make it easier for more MWBEs to participate and to give all participating businesses greater benefits. The new terms include:

- Extending the term of MWBE certification from 3 years to 5 years;
- Increasing agency and authority discretionary purchasing threshold from \$200,000 to \$500,000 without a formal competitive process;
- Increasing the Personal Net Worth cap from \$3.5 million to \$15 million to make more businesses eligible;
- Authorizing the Division of MWBE to organize outreach events, training and educational opportunities for MWBE firms across the state; and
- Establishing a Workforce Diversity Program that requires State agencies overseeing construction projects to utilize a diverse workforce; among additional new terms.

# Accessing M/WBE Forms:

Updated M/WBE forms are available upon request but are included in the RFP.

*(We are currently working with IT regarding web accessibility)*

The image displays a collection of New York State Education Department (NYSED) forms and the website interface. The central part of the image shows the NYSED website with a banner for 'Doing Business with NYSED'. Below the banner, there is a section for 'M/WBE Forms & Compliance Forms' which lists several forms: 'M/WBE 100 Utilization Plan' (317KB), 'M/WBE 102' (35KB), 'EEO 100', and 'M/WBE 103'. A large yellow banner with the text 'PAGE UNDER CONSTRUCT' is overlaid on the website. Surrounding the website are several individual form pages, including 'M/WBE 100 Utilization Plan', 'M/WBE 102', 'EEO 100', and 'M/WBE 103'. The forms are titled 'M/WBE 100 Utilization Plan', 'M/WBE 102', 'EEO 100', and 'M/WBE 103'. The website also features a search bar, a navigation menu, and a footer with contact information.



# The Approval Process: What Does the M/WBE Unit Assess?

- **Does the M/WBE package include all of the required paperwork?**
  - FS-10
  - M/WBE Cover Letter
  - Goal Calculation Worksheet
  - Utilization Plan (M/WBE 100)
  - Notice(s) of Intent to Participate (M/WBE 102)
  - Equal Employment Opportunity Staffing Plan (EEO 100)
  - 
  - Contractor's Good Faith Efforts (M/WBE 105)
  - Evidence of Good Faith Efforts
  - Request for Waiver (M/WBE 101)
- **Does the Goal Calculation Worksheet align with the FS-10?**
- **Is the arithmetic correct?**
- **Are there signatures where required?**
- **Are the vendors NYS M/WBE certified?**
- **Does the Utilization Plan align with the Notice(s) of Intent?**



# M/WBE Compliance Checklist (updated)

- It's a quick guide that ensures your Program Office is submitting a completed package
- Please note that we've updated this document and added "Evidence of Good Faith Efforts" as a line item
- We've also removed "original signatures required," since we accept scanned signatures for M/WBE documents

## M/WBE Compliance Checklist

M/WBE Documents Package					
<input type="checkbox"/>	Full Participation	<input type="checkbox"/>	Request Partial Waiver	<input type="checkbox"/>	Request Total Waiver
	Required Documents				
Documentation	Full Participation	Request Partial Waiver	Request Total Waiver		
M/WBE Goal Calculation Worksheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
M/WBE Cover Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
M/WBE 100: Utilization Plan	<input type="checkbox"/>	<input type="checkbox"/>	N/A		
M/WBE 102: Notice of Intent to Participate	<input type="checkbox"/>	<input type="checkbox"/>	N/A		
M/WBE 105: Contractor's Good Faith Efforts	N/A	<input type="checkbox"/>	<input type="checkbox"/>		
Evidence of Good Faith Efforts (please refer to the M/WBE 105 form to distinguish what constitutes as "evidence of good faith efforts")	N/A	<input type="checkbox"/>	<input type="checkbox"/>		
M/WBE 101: Request for Waiver Form and Instructions	N/A	<input type="checkbox"/>	<input type="checkbox"/>		
EE0 100 Staffing Plan and Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

# Requesting a Waiver

## M/WBE 105: Good Faith Efforts

### M/WBE CONTRACTOR GOOD FAITH EFFORTS CERTIFICATION (FORM 105)

PROJECT/CONTRACT # \_\_\_\_\_

I, \_\_\_\_\_  
(Bidder/Applicant)

\_\_\_\_\_ 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 its solicitations of certified minority- and women-owned business enterprises and any responses thereto;

(2) If responses to the contractor's solicitations were received, but 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) Describe 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

- When requesting a waiver, the grantee must sign and complete an “M/WBE Contractor Good Faith Efforts Certification” form
- In addition to the M/WBE Contractor’s Good Faith Efforts Certification form, grantees must also submit “evidence of good faith efforts”
  - If a grantee seeks a waiver, and only signs the Contractor’s Good Faith Efforts form without providing evidence of good faith efforts, the package cannot be approved
- An approved waiver request does not automatically transfer to future grant years. Waiver requests are reviewed on an annual basis and updated “evidence of good faith efforts” must be submitted each year a grantee is seeking a waiver.



PROJECT/CONTRACT # \_\_\_\_\_

I, \_\_\_\_\_  
(Bidder/Applicant)\_\_\_\_\_  
(Title) of \_\_\_\_\_  
(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 its solicitations of certified minority- and women-owned business enterprises and any responses thereto;

(2) If responses to the contractor's solicitations were received, but 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) Describe 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

# Requesting a Waiver/Good Faith Efforts (cont'd.)

## M/WBE 105A: Contractor Unavailable

- Common examples of evidence of good faith efforts include:
  - Email *exchange* with vendor (not solely the initial outreach)
  - School's purchasing policy and a memo on official letterhead explaining how this policy impacts M/WBE utilization
  - RFP along with a memo on official letterhead that explains the lack of M/WBE applicants
  - "M/WBE Contractor Unavailable Certification" form (M/WBE 105A), along with email exchanges

## M/WBE CONTRACTOR UNAVAILABLE CERTIFICATION

RFP#/PROJECT NAME \_\_\_\_\_

I, \_\_\_\_\_  
(Authorized Representative) (Title) (Bidder/Applicant's Company)\_\_\_\_\_  
(Address) (Phone)

I certify that the following New York State Certified Minority/Women Business Enterprises were contacted to obtain a quote for work to be performed on the abovementioned project/contract.

List of date, name of M/WBE firm, telephone/e-mail address of M/WBEs contacted, type of work requested, estimated budgeted amount for each quote requested.

DATE	M/WBE NAME	PHONE/EMAIL	TYPE OF WORK	ESTIMATED BUDGET	REASON
1.					
2.					
3.					
4.					
5.					

To the best of my knowledge and belief, said New York State Certified Minority/Women Business Enterprise contractor(s) was/were not selected, unavailable for work on this project, or unable to provide a quote for the following reasons: *Please check appropriate reasons given by each MBE/WBE firm contacted above.*

- ☐ A. Did not have the capability to perform the work  
☐ B. Contract too small  
☐ C. Remote location  
☐ D. Received solicitation notices too late  
☐ E. Did not want to work with this contractor  
☐ F. Other (give reason) \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Print Name

# Requesting a Waiver

## M/WBE 101: Request for Waiver (Updated)

### REQUEST FOR WAIVER FORM

BIDDER/APPLICANT:  
NAME: ADDRESS:  
CITY, STATE, ZIP CODE:

TELEPHONE:  
EMAIL:  
FEDERAL ID NO.:  
RFP NO./PROJECT NO.:

INSTRUCTIONS: By submitting this form and the required information, the bidder/applicant certifies that Good Faith Efforts have been taken to promote M/WBE participation pursuant to the M/WBE goals set forth under this RFP/Contract. Please see Page 2 for additional requirements and document submission instructions.

#### BIDDER/APPLICANT IS REQUESTING (check all that apply):

<input type="checkbox"/> MBE Waiver - A waiver of the MBE goal for this procurement is requested. <input type="checkbox"/> Total <input checked="" type="checkbox"/> Partial <b>9.9%</b>	<input type="checkbox"/> WBE Waiver - A waiver of the WBE goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial ____ %
---	---

PREPARED BY (Signature): \_\_\_\_\_ DATE: \_\_\_\_\_

SUBMISSION OF THIS FORM CONSTITUTES THE BIDDER/APPLICANT'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, § NYCRR PART 143, AND THE ABOVE REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR PROPOSAL DISQUALIFICATION.

NAME OF PREPARER:	FOR AUTHORIZED USE ONLY
TITLE OF PREPARER:	REVIEWED BY: _____
TELEPHONE:	DATE: _____
EMAIL:	WAIVER GRANTED <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> TOTAL WAIVER <input type="checkbox"/> PARTIAL WAIVER
	<input type="checkbox"/> CONDITIONAL WAIVER <input type="checkbox"/> NOTICE OF DEFICIENCY
	COMMENTS:

M/WBE 101

When requesting a waiver, a “Request for Waiver” form also needs to be submitted. Please note that the waiver percentage is out of 30%.

#### Example:

Discretionary = \$60,000

M/WBE Goal Percentage = 30%

M/WBE Goal Amount = \$18,000

Actual M/WBE Utilization = \$12,000

$\$12,000 \text{ (M/WBE Utilization)} \div \$18,000 \text{ (M/WBE Goal Amount)} = 0.67$

$0.67 \times 30 \text{ (M/WBE Goal Percentage)} = 20.1 \text{ (M/WBE Utilization Percentage)}$

$30\% \text{ (M/WBE Goal Percentage)} - 20.1\% \text{ (M/WBE Utilization Percentage)}$

**= 9.9% Waiver Request**

# M/WBE 102: Notice of Intent to Participate (Updated)

## M/WBE SUBCONTRACTORS AND SUPPLIERS NOTICE OF INTENT TO PARTICIPATE

INSTRUCTIONS: Part A of this form must be completed and signed by the Bidder/Applicant unless requesting a total waiver. Parts B & C of this form must be completed by MBE and/or WBE subcontractors/suppliers. The Bidder/Applicant must submit a separate M/WBE Notice of Intent to Participate form for each MBE or WBE as part of the proposal/application.

Bidder/Applicant Name: \_\_\_\_\_ Federal ID No.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Authorized Representative of Bidder/Applicant's Firm \_\_\_\_\_  
Print or Type Name and Title of Authorized Representative of Bidder/Applicant's Firm

Date: \_\_\_\_\_

### PART B - THE UNDERSIGNED INTENDS TO PROVIDE SERVICES OR SUPPLIES IN CONNECTION WITH THE ABOVE PROCUREMENT/APPLICATION:

Name of M/WBE: \_\_\_\_\_ Federal ID No.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ E-mail: \_\_\_\_\_

### BRIEF DESCRIPTION OF SERVICES OR SUPPLIES TO BE PERFORMED BY MBE OR WBE:

DESIGNATION: \_\_\_\_\_ MBE Subcontractor \_\_\_\_\_ WBE Subcontractor \_\_\_\_\_ MBE Supplier \_\_\_\_\_ WBE Supplier

### PART C - CERTIFICATION STATUS:

☐ The undersigned is a certified M/WBE by the New York State Division of Minority and Women-Owned Business Development (MWBD).

THE UNDERSIGNED IS PREPARED TO PROVIDE SERVICES OR SUPPLIES AS DESCRIBED ABOVE AND WILL ENTER INTO A FORMAL AGREEMENT WITH THE BIDDER/APPLICANT CONDITIONED UPON THE BIDDER/APPLICANT'S EXECUTION OF A CONTRACT WITH THE NYS EDUCATION DEPARTMENT.

The estimated dollar amount of the agreement \$ \_\_\_\_\_ Signature of Authorized Representative of M/WBE Firm \_\_\_\_\_

Date \_\_\_\_\_ Printed or Typed Name and Title of Authorized Representative \_\_\_\_\_

M/WBE 102

- The M/WBE Unit only accepts M/WBE certification from currently certified New York State firms
- We do not accept certification from:
  - New York City
  - New Jersey
  - Port Authority
  - Or any other entity outside of New York State
- We do not accept firms that have applied and/or are seeking certification – these firms will not count towards the M/WBE goal
  - On average, the NYS M/WBE certification takes two years to process. Due to the length of time it takes to become certified and the uncertainty of the outcome, we only accept firms currently certified by Empire State Development

**The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
(see instructions for mailing address)**

**Agency Name and Address**

**Agency Code:**

**Project #:**

**Contract #:**

**Contact Person:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**PROPOSED AMENDMENT FOR  
A FEDERAL OR STATE PROJECT  
FS-10-A (03/15)**

County \_\_\_\_\_

**Amendment #**

Tel. #: \_\_\_\_\_ **FS-10-A**

**INSTRUCTIONS**

- ♦ Submit the original and two copies directly to the same State Education Department office where budget (FS-10 Budget) was submitted.
- ♦ Enter whole dollar amounts only.
- ♦ This form need only be submitted for budget changes that require:
  - Personnel positions, number and type
  - Equipment items having a unit value of \$5,000 or more
  - Minor remodeling
  - Any increase in a budget subtotal (professional salaries, etc.) of \$1,000, whichever is greater
  - Any increase in the total budget amount.
- ♦ Amendment # at top of this page must be completed.
- ♦ Do not use the FS-10-A for requesting a project extension.

**CHIEF ADMINISTRATIVE OFFICER'S CERTIFICATION**

*By signing this report, I certify to the best of my knowledge and the expenditures, disbursements, and cash receipts and conditions of the Federal (or State) award. I am aware of the penalties for fraud, false statements, or the omission of any material fact, may subject me to criminal or civil sanctions (U.S. Code Title 18, Section 1001).*

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**FOR DEPARTMENTAL USE ONLY**

**Program Approval:** \_\_\_\_\_

**Finance:**   **Log**  **A**

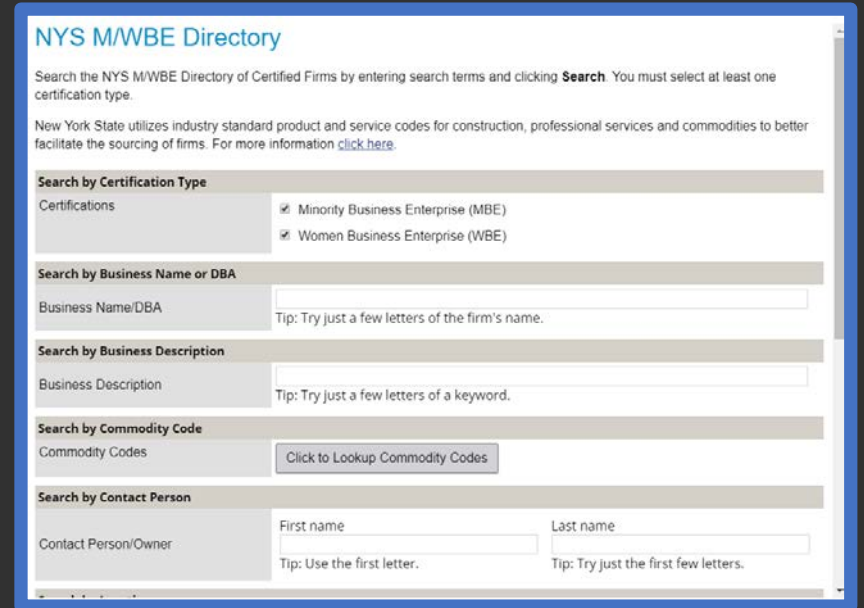
LINE	SUBTOTAL	EXPLANATION (Provide same detail as required on FS-10 Budget)
15	Professional Salaries	
16	Support Staff Salaries	
40	Purchased Services	
45	Supplies & Materials	
46	Travel Expenses	
80	Employee Benefits	
90	Indirect Cost	
49	BOCES Services	
30	Minor Remodeling	

# Amendments (FS-10-A)

- **Submit an amendment to your Program Office for M/WBE review when there are changes to the M/WBE goal amount**
- **All amendments require the following:**
  - An updated Goal Calculation Worksheet
    - Aligns with the “Proposed Amended Total,” not “Net Increase or Decrease”
  - An updated and cohesive Utilization Plan
    - For instance, if a grantee is adding an M/WBE firm, they shouldn’t submit a Utilization Plan with only the additional vendor. Instead, they need to submit a Utilization Plan listing all vendors being utilized during the grant year.
  - Notice of Intent – for any M/WBE vendors that are added to the Utilization Plan

# New York State M/WBE Directory

- By visiting the *New York State Contract System* (<https://ny.newnycontracts.com/>), and selecting “SEARCH THE DIRECTORY,” grantees can search for New York State certified M/WBE vendors that align with their needs.
- The *New York State M/WBE Directory* is also a great way for grantees to confirm a vendor is NYS M/WBE certified. Simply “Search by Business Name,” and if the vendor is certified, they will appear in the search results.
  - Grantees can also email: [MWBEcertification@esd.ny.gov](mailto:MWBEcertification@esd.ny.gov) to confirm a vendor’s certification status



**NYS M/WBE Directory**

Search the NYS M/WBE Directory of Certified Firms by entering search terms and clicking **Search**. You must select at least one certification type.

New York State utilizes industry standard product and service codes for construction, professional services and commodities to better facilitate the sourcing of firms. For more information [click here](#).

**Search by Certification Type**

Certifications ☒ Minority Business Enterprise (MBE) ☒ Women Business Enterprise (WBE)

**Search by Business Name or DBA**

Business Name/DBA  Tip: Try just a few letters of the firm's name.

**Search by Business Description**

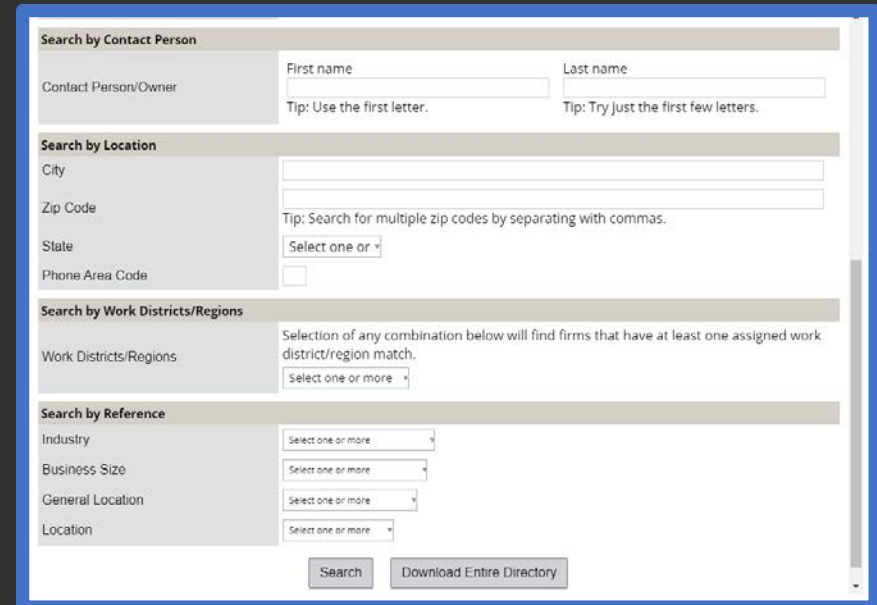
Business Description  Tip: Try just a few letters of a keyword.

**Search by Commodity Code**

Commodity Codes

**Search by Contact Person**

Contact Person/Owner First name  Last name   
Tip: Use the first letter. Tip: Try just the first few letters.



**Search by Contact Person**

Contact Person/Owner First name  Last name   
Tip: Use the first letter. Tip: Try just the first few letters.

**Search by Location**

City   
Zip Code  Tip: Search for multiple zip codes by separating with commas.  
State   
Phone Area Code

**Search by Work Districts/Regions**

Work Districts/Regions Selection of any combination below will find firms that have at least one assigned work district/region match.

**Search by Reference**

Industry   
Business Size   
General Location   
Location



# New York State M/WBE Directory: Search Tools

- **Grantees can search for M/WBE vendors by:**
  - Certification: Minority Business Enterprise or Women Business Enterprise
  - Business Name/DBA
  - Business Description (it's best to use a keyword)
  - Commodity Codes
    - NAICS (North American Industry Classification System)
    - NIGP (National Institute of Governmental Purchasing)
      - Commodity codes can also be searched by using a keyword(s)
  - Contact Person
  - Location
  - Work Districts/Regions

**If a grantee is experiencing a difficult time identifying M/WBE vendors, they can always email [MWBEgrants@nysed.gov](mailto:MWBEgrants@nysed.gov), and we will pull vendor lists for them based on their needs.**

**NYS M/WBE Directory**

Search the NYS M/WBE Directory of Certified Firms by entering search terms and clicking **Search**. You must select at least one certification type.

New York State utilizes industry standard product and service codes for construction, professional services and commodities to better facilitate the sourcing of firms. For more information [click here](#).

**Search by Certification Type**

Certifications ☒ Minority Business Enterprise (MBE) ☒ Women Business Enterprise (WBE)

**Search by Business Name or DBA**

Business Name/DBA  Tip: Try just a few letters of the firm's name.

**Search by Business Description**

Business Description  Tip: Try just a few letters of a keyword.

**Search by Commodity Code**

Commodity Codes

**Search by Contact Person**

Contact Person/Owner First name  Last name   
Tip: Use the first letter. Tip: Try just the first few letters.

**Search by Contact Person**

Contact Person/Owner First name  Last name   
Tip: Use the first letter. Tip: Try just the first few letters.

**Search by Location**

City

Zip Code  Tip: Search for multiple zip codes by separating with commas.

State

Phone Area Code

**Search by Work Districts/Regions**

Work Districts/Regions Selection of any combination below will find firms that have at least one assigned work district/region match.

**Search by Reference**

Industry

Business Size

General Location

Location

A collection of diverse human hands raised in the air against a grey background. The hands vary in skin tone, from light to dark, and are positioned at different heights, creating a sense of collective participation. The text "Any Questions?" is overlaid in the center in a white, sans-serif font.

Any Questions?

# FAQs

Frequently Asked Questions





## **General Housekeeping**

### **How do I print this guide?**

File → Print → Print Settings → Pure Black and White

### **What is the difference between [MWBEgrants@nysed.gov](mailto:MWBEgrants@nysed.gov) and [MWBE@nysed.gov](mailto:MWBE@nysed.gov)?**

[MWBEgrants@nysed.gov](mailto:MWBEgrants@nysed.gov) is a general mailbox that is open to the public and program offices. Program offices, and grantees alike, can send general inquiries to this email address. Moreover, grantees submit their quarterly compliance reports to this email address.

[MWBE@nysed.gov](mailto:MWBE@nysed.gov) is for procurements and is open to the public.

## **M/WBE Vendors**

### **What are examples of services provided by M/WBE vendors?**

There are over 8,000 M/WBE vendors that provide an array of services. If a grantee is having a difficult time identifying vendors to meet their M/WBE goal, please refer them directly to [MWBEgrants@nysed.gov](mailto:MWBEgrants@nysed.gov). Below are only a *few* examples of services provided by M/WBEs:

- Accountants and bookkeepers
- Books (from children's to college-level to teacher resources)
- Catering and food service
- Childcare
- Computers/tablets/hardware/software
- College access programs
- Custodial services
- Diversity consultants
- Education consultants (from Universal Pre-K to STEM to teacher effectiveness/curriculum development)
- English Language Learners programs
- Furniture
- Hygienic products
- IT consultants
- Medical supplies
- Office, school, and art supplies
- Playground developers
- Printing
- Professional development services
- Promotional items (or personalized items)
- Snacks (and breakroom supplies)
- STEM supplies
- Travel (includes travel agencies and chartering vehicles)
- Tutors (online and in-person)

## **M/WBE Vendors**

### **What if the vendor is undergoing the certification process? Will their utilization apply to the M/WBE goal?**

Due to the length of time it takes to become certified and the uncertainty of the outcome, we only accept firms that are currently certified by Empire State Development. Thus, their utilization will not apply to the M/WBE goal.

### **If a vendor is New York City certified, does that mean they are New York State certified too?**

No, New York City certification is not the same as New York State certification. We do not accept New York City certification (or M/WBE certifications from other entities). We only accept New York State certification.

Governor Cuomo's office is working on creating a shared portal, so that vendors seeking certification will be able to apply for multiple certifications at once.

## **Notices of Intent**

### **For every year of the grant term, a grantee is utilizing the same vendor. Do they need to submit a Notice of Intent with an original signature from that vendor, every year?**

No, once a grantee submits a Notice of Intent during the grant term, with an original signature, they illustrate to us that they've established a relationship with the M/WBE vendor. Thereafter, when submitting an M/WBE package, the grantee can submit a historical Notice of Intent, along with an updated Utilization Plan.

## **Partial Waivers**

### **When a grantee receives a partial waiver, does it automatically apply to future years of the grant term?**

No, a partial waiver approval is only issued for the grant year that it is requested and approve for.

### **Why doesn't a waiver extend into future years of the grant?**

The reason a partial waiver does not extend into future years of the grant is because the M/WBE database is constantly updated. While a vendor may not be available to meet the needs of a grantee one year, there is a chance that a vendor is available during future years of the grant.

## **Amendments**

### **When is an amendment required?**

Submit an amendment to your program office for M/WBE review when there are changes to the M/WBE goal amount.

### **What needs to be submitted along with an amendment?**

An amendment always requires an FS-10-A, updated Goal Calculation Worksheet, updated and cohesive Utilization Plan, and Notices of Intent if the grantee is adding new vendors.

If an amendment has a net increase or decrease, we require an amendment package for the "Proposed Amended Total," not the "Net Increase or Decrease."

## **Good Faith Efforts**

### **Is it sufficient to send a memo as evidence of Good Faith Efforts?**

It is only sufficient to send a memo as “evidence of good faith efforts” when describing a policy, such as a school’s transportation policy. It is not sufficient to submit a memo as evidence of good faith efforts if there are areas of opportunity and the grantee is stating, “we were unable to locate an M/WBE for abc” or “we contacted XYZ M/WBE vendor, but they never responded.” For both of these examples, grantees must show evidence that they contacted vendors (e.g. email exchange).

Furthermore, Article 15A is a legal requirement for all New York State contracts; therefore, all grantees must adhere to the requirements of the law. If an M/WBE vendor is significantly more expensive than a non-M/WBE vendor, the M/WBE Unit must see evidence of good faith efforts, such as a price comparison between the M/WBE vendor and the non-M/WBE vendor, to process a waiver. It is not sufficient to simply state “M/WBE prices are too high,” without providing any evidence that the grantee contacted M/WBE vendors.

## M/WBE Compliance Checklist

<b>M/WBE Documents Package (original signatures required)</b>			
<input type="checkbox"/> <b>Full Participation</b> <input type="checkbox"/> <b>Request Partial Waiver</b> <input type="checkbox"/> <b>Request Total Waiver</b>			
	<b>Forms Required</b>		
<b>Type of Form</b>	<b>Full Participation</b>	<b>Request Partial Waiver</b>	<b>Request Total Waiver</b>
<b>Calculation of M/WBE Goal Amount</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>M/WBE Cover Letter</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>M/WBE 100 Utilization Plan</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>N/A</b>
<b>M/WBE 102 Notice of Intent to Participate</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>N/A</b>
<b>M/WBE 105 Contractor's Good Faith Efforts</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>M/WBE 101 Request for Waiver Form and Instructions</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EE0 100 Staffing Plan and Instructions</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**M/WBE COVER LETTER Minority & Woman-Owned Business Enterprise Requirements**

**NAME OF GRANT PROGRAM**\_\_\_\_\_

**NAME OF APPLICANT**\_\_\_\_\_

In accordance with the provisions of Article 15-A of the NYS Executive Law, 5 NYCRR Parts 140-145, Section 163 (6) of the NYS Finance Law and Executive Order #8 and in fulfillment of the New York State Education Department (NYSED) policies governing Equal Employment Opportunity and Minority and Women-Owned Business Enterprise (M/WBE) participation, it is the intention of the New York State Education Department to provide real and substantial opportunities for certified Minority and Women-Owned Business Enterprises on all State contracts. It is with this intention the NYSED has assigned M/WBE participation goals to this contract.

In an effort to promote and assist in the participation of certified M/WBEs as subcontractors and suppliers on this project for the provision of services and materials, the bidder is required to comply with NYSED's participation goals through one of the three methods below. Please indicate which one of the following is included with the M/WBE Documents Submission:

- ☐ Full Participation – No Request for Waiver (PREFERRED)
- ☐ Partial Participation – Partial Request for Waiver
- ☐ No Participation – Request for Complete Waiver

By my signature on this Cover Letter, I certify that I am authorized to bind the Bidder's firm contractually.
Typed or Printed Name of Authorized Representative of the Firm
Typed or Printed Title/Position of Authorized Representative of the Firm
Signature/Date

## M/WBE Documents

### M/WBE Goal Calculation Worksheet

(This form should reflect the current year's budgeted costs)

RFP # and Title: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

The M/WBE participation for this grant is 30% of each applicant's total discretionary non-personal service budget over the entire term of the grant. Discretionary non-personal service budget is defined as the total budget, excluding the sum of funds budgeted for direct personal services (i.e., professional and support staff salaries) and fringe benefits, as well as rent, lease, utilities, and indirect costs, if these are allowable expenditures.

**Please complete the following table to determine the dollar amount of the M/WBE goal for this project year.**

	Budget Category	Amount budgeted for items excluded from M/WBE calculation	Totals (Current FS-10)
1.	Total Budget		
2.	Professional Salaries		
3.	Support Staff Salaries		
4.	Fringe Benefits		
5.	Indirect Costs		
6.	Rent/Lease/Utilities*		
7.	Sum of lines 2, 3 ,4 ,5, and 6		
8.	Line 1 minus Line 7		
9.	M/WBE Goal percentage (30%)		0.30
10.	Line 8 multiplied by Line 9 =MWBE goal amount		

\*If not included in #5

## M/WBE UTILIZATION PLAN

**INSTRUCTIONS:** All bidders/applicants submitting responses to this procurement/project must complete this M/WBE Utilization Plan unless requesting a total waiver and submit it as part of their proposal/application. The plan must contain detailed description of the services to be provided by each Minority and/or Women-Owned Business Enterprise (M/WBE) identified by the bidder/applicant.

Bidder/Applicant's Name \_\_\_\_\_

Telephone/Email: \_\_\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_

Federal ID No.: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

RFP No.: \_\_\_\_\_

Certified M/WBE	Classification (check all applicable)	Description of Work (Subcontracts/Supplies/Services)	Annual Dollar Value of Subcontracts/Supplies/Services
NAME  ADDRESS  CITY, ST, ZIP  PHONE/E-MAIL  FEDERAL ID No.	NYS ESD Certified  MBE _____  WBE _____		\$ _____
NAME  ADDRESS  CITY, ST, ZIP  PHONE/E-MAIL  FEDERAL ID No.	NYS ESD Certified  MBE _____  WBE _____		\$ _____

PREPARED BY (Signature) \_\_\_\_\_ DATE \_\_\_\_\_

**SUBMISSION OF THIS FORM CONSTITUTES THE BIDDER/APPLICANT'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-1, 5 NYCRR PART 143 AND THE ABOVE REFERENCE SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR PROPOSAL/APPLICATION DISQUALIFICATION.**

NAME AND TITLE OF PREPARER: \_\_\_\_\_  
(print or type)

TELEPHONE/E-MAIL \_\_\_\_\_

DATE \_\_\_\_\_

REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

UTILIZATION PLAN APPROVED YES/NO DATE \_\_\_\_\_

NOTICE OF DEFICIENCY ISSUED YES/NO DATE \_\_\_\_\_

NOTICE OF ACCEPTANCE ISSUED YES/NO DATE \_\_\_\_\_

**M/WBE SUBCONTRACTORS AND SUPPLIERS  
NOTICE OF INTENT TO PARTICIPATE**

INSTRUCTIONS: Part A of this form must be completed and signed by the Bidder/Applicant unless requesting a total waiver. Parts B & C of this form must be completed by MBE and/or WBE subcontractors/suppliers. The Bidder/Applicant must submit a separate M/WBE Notice of Intent to Participate form for each MBE or WBE as part of the proposal/application.

Bidder/Applicant Name: \_\_\_\_\_ Federal ID No.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Authorized Representative of Bidder/Applicant's Firm \_\_\_\_\_

Print or Type Name and Title of Authorized Representative of Bidder/Applicant's Firm \_\_\_\_\_

Date: \_\_\_\_\_

**PART B - THE UNDERSIGNED INTENDS TO PROVIDE SERVICES OR SUPPLIES IN CONNECTION WITH THE ABOVE PROCUREMENT/APPLICATION:**

Name of M/WBE: \_\_\_\_\_ Federal ID No.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ E-mail: \_\_\_\_\_

**BRIEF DESCRIPTION OF SERVICES OR SUPPLIES TO BE PERFORMED BY MBE OR WBE:**

**DESIGNATION:** \_\_\_\_\_ MBE Subcontractor \_\_\_\_\_ WBE Subcontractor \_\_\_\_\_ MBE Supplier \_\_\_\_\_ WBE Supplier

**PART C - CERTIFICATION STATUS (CHECK ONE):**

\_\_\_\_\_ The undersigned is a certified M/WBE by the New York State Division of Minority and Women-Owned Business Development (MWBD).

\_\_\_\_\_ The undersigned has applied to New York State's Division of Minority and Women-Owned Business Development (MWBD) for M/WBE certification.

**THE UNDERSIGNED IS PREPARED TO PROVIDE SERVICES OR SUPPLIES AS DESCRIBED ABOVE AND WILL ENTER INTO A FORMAL AGREEMENT WITH THE BIDDER/APPLICANT CONDITIONED UPON THE BIDDER/APPLICANT'S EXECUTION OF A CONTRACT WITH THE NYS EDUCATION DEPARTMENT.**

The estimated dollar amount of the agreement \$ \_\_\_\_\_

Signature of Authorized Representative of M/WBE Firm \_\_\_\_\_

Date \_\_\_\_\_

Printed or Typed Name and Title of Authorized Representative \_\_\_\_\_



## STAFFING PLAN INSTRUCTIONS

### EEO 100

General Instructions: All Bidders/Applicants in the proposal/application must complete an EEO Staffing Plan (EEO 100) and submit it as part of the package. Where the work force to be utilized in the performance of the State contract/project can be separated out, the Bidder/Applicant shall complete this form only for the anticipated work force to be utilized on the State contract/project. Where the work force to be utilized in the performance of the State contract/project cannot be separated out, the Bidder/Applicant shall complete this form for Bidder/Applicant's total work force.

#### Instructions for Completing:

1. Enter the Project number that this report applies to, along with the name, address, and federal ID number of the Bidder.
2. Check the appropriate box to indicate if the work force being reported is just for the contract/project or the Bidder/Applicant's total work force.
3. Check off the appropriate box to indicate if the Bidder completing the report is the contractor or subcontractor.
4. Enter the total work force by EEO job category.
5. Break down the total work force by gender and race/ethnic background and enter under the heading Race/Ethnicity. Contact the M/WBE Coordinator, [mwbe@mail.nyused.gov](mailto:mwbe@mail.nyused.gov), if you have any questions.
6. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in designated areas.

#### RACE/ETHNIC IDENTIFICATION

For purposes of this form NYSED will accept the definitions of race/ethnic designations used by the federal Equal Employment Opportunity Commission (EEOC), as those definitions are described below or amended hereafter. (Be advised these terms may be defined differently for other purposes under NYS statutory, regulatory, or case law). Race/ethnic designations as used by the EEOC 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. The race/ethnic categories for this survey are:

- **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.
- **Disabled** - Any person who has a physical or mental impairment that substantially limits one or more major life activity; has a record of such an impairment; or is regarded as having such an impairment
- **Vietnam Era Veteran** - a veteran who served at any time between and including January 1, 1963 and May 7, 1975.

## EQUAL EMPLOYMENT OPPORTUNITY - STAFFING PLAN (Instructions on Page 2)

Applicant Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID No.: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Project No: \_\_\_\_\_

Report includes:

☐ Work force to be utilized on this contract OR

☐

☐ Applicant's total work force

☐

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

EEO - Job Categories	Total Work Force	Race/Ethnicity - report employees in only one category																
		Hispanic or Latino		Not-Hispanic or Latino														
				Male								Female						
		Male	Female	White	African-American or Black	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races	Disabled	Veteran	White	African-American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races	Disabled
Executive/Senior Level Officials and Managers																		
First/Mid-Level Officials and Managers																		
Professionals																		
Technicians																		
Sales Workers																		
Administrative Support Workers																		
Craft Workers																		
Operatives																		
Laborers and Helpers																		
Service Workers																		
TOTAL																		

PREPARED BY (Signature): \_\_\_\_\_  
 NAME AND TITLE OF PREPARER: \_\_\_\_\_

DATE: \_\_\_\_\_

TELEPHONE/EMAIL: \_\_\_\_\_

(Print or type)

## REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS

**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 a Waiver Pending ESD Certification is requested, please see Item 11 below. 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 M/WBE-oriented publications in which you solicited certified M/WBEs for the purposes of complying with your participation goals.
3. A list identifying the date(s) that all solicitations for certified M/WBE participation were published in any of the above publications.
4. A list of all certified M/WBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified M/WBE 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 M/WBEs.
6. Provide copies of responses made by certified M/WBEs to your solicitations.
7. Provide a description of any contract documents, plans, or specifications made available to certified M/WBEs 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 Bidder/Applicant and the M/WBEs undertaken for purposes of complying with the certified M/WBE participations 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 the Bidder/Applicant'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, Bidder/Applicant will be required to submit all reports and documents pursuant to the provisions set forth in the procurement and/or contract, as deemed appropriate by NYSED, to determine M/WBE compliance.**

## REQUEST FOR WAIVER FORM

**BIDDER/APPLICANT NAME:**

**TELEPHONE:**

**ADDRESS:**

**EMAIL:**

**FEDERAL ID NO.:**

**CITY, STATE, ZIPCODE:**

**RFP#/PROJECT NO.:**

**INSTRUCTIONS:** By submitting this form and the required information, the bidder/applicant certifies that Good Faith Efforts have been taken to promote M/WBE participation pursuant to the M/WBE goals set forth under this RFP/Contract. Please see Page 2 for additional requirements and document submission instructions.

**BIDDER/APPLICANT IS REQUESTING (check all that apply):**

☐ **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 subcontractor or supplier is not certified M/WBE, but an application for certification has been filed with Empire State Development)

Subcontractor/Supplier Name: \_\_\_\_\_

Date of application filing: \_\_\_\_\_

PREPARED BY (*Signature*): \_\_\_\_\_

DATE: \_\_\_\_\_

**SUBMISSION OF THIS FORM CONSTITUTES THE BIDDER/APPLICANT'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR PROPOSAL DISQUALIFICATION.**

NAME OF PREPARER:

TITLE OF PREPARER:

TELEPHONE:

EMAIL:

**FOR AUTHORIZED USE ONLY**

REVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

**WAIVER GRANTED** ☐ **YES** ☐ **NO**

☐ **TOTAL WAIVER** ☐ **PARTIAL WAIVER**

☐ **ESD CERTIFICATION WAIVER** ☐ **NOTICE OF DEFICIENCY**

☐ **CONDITIONAL WAIVER**

COMMENTS:

## M/WBE CONTRACTOR GOOD FAITH EFFORTS CERTIFICATION (FORM 105)

PROJECT/CONTRACT # \_\_\_\_\_

I, \_\_\_\_\_  
(Bidder/Applicant)

\_\_\_\_\_ 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 its solicitations of certified minority- and women-owned business enterprises and any responses thereto;

(2) If responses to the contractor's solicitations were received, but 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) Describe 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

## M/WBE CONTRACTOR UNAVAILABLE CERTIFICATION

**RFP#/PROJECT NAME** \_\_\_\_\_

I, \_\_\_\_\_  
(Authorized Representative) (Title) (Bidder/Applicant's Company)

\_\_\_\_\_  
(Address) ( ) (Phone)

I certify that the following New York State Certified Minority/Women Business Enterprises were contacted to obtain a quote for work to be performed on the abovementioned project/contract.

List of date, name of M/WBE firm, telephone/e-mail address of M/WBEs contacted, type of work requested, estimated budgeted amount for each quote requested.

<u>DATE</u>	<u>M/WBE NAME</u>	<u>PHONE/EMAIL</u>	<u>TYPE OF WORK</u>	<u>ESTIMATED BUDGET</u>	<u>REASON</u>
1.					
2.					
3.					
4.					
5.					

To the best of my knowledge and belief, said New York State Certified Minority/Women Business Enterprise contractor(s) was/were not selected, unavailable for work on this project, or unable to provide a quote for the following reasons: Please check appropriate reasons given by each MBE/WBE firm contacted above.)

- \_\_\_\_\_ **A.** Did not have the capability to perform the work
- \_\_\_\_\_ **B.** Contract too small
- \_\_\_\_\_ **C.** Remote location
- \_\_\_\_\_ **D.** Received solicitation notices too late
- \_\_\_\_\_ **E.** Did not want to work with this contractor
- \_\_\_\_\_ **F.** Other (give reason) \_\_\_\_\_

\_\_\_\_\_  
**Authorized Representative Signature** **Date** **Print Name**

**The University of the State of New York  
THE STATE EDUCATION DEPARTMENT**  
(see instructions for mailing address)

**PROPOSED BUDGET FOR A  
FEDERAL OR STATE PROJECT  
FS-10 (03/15)**

**Local Agency Information**

Funding Source: \_\_\_\_\_

Report Prepared By: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street		
City	State	Zip Code

Telephone #: \_\_\_\_\_ County: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Project Operation Dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Start End

**INSTRUCTIONS**

- ❖ **Submit the original budget and the required number of copies along with the completed application directly to the appropriate State Education Department office as indicated in the application instructions for the grant program for which you are applying. DO NOT submit this form to the Grants Finance.**
- ❖ Enter whole dollar amounts only.
- ❖ Prior approval by means of an approved budget (FS-10) or budget amendment (FS-10-A) is required for:
  - Personnel positions, number and type
  - Equipment items having a unit value of \$5,000 or more, number and type
  - Minor remodeling
  - Any increase in a budget subtotal (professional salaries, purchased services, travel, etc.) by more than 10 percent or \$1,000, whichever is greater
  - Any increase in the total budget amount.
- ❖ Certification on page 8 must be signed by Chief Administrative Officer or properly authorized designee.
- ❖ High quality computer generated reproductions of this form may be used.
- ❖ For further information on budgeting, please refer to the Fiscal Guidelines for Federal and State Aided Grants which may be accessed at [www.oms.nysed.gov/cafe/](http://www.oms.nysed.gov/cafe/) or call Grants Finance at (518) 474-4815.

**SALARIES FOR PROFESSIONAL STAFF: Code 15**

Include only staff that are employees of the agency. Do not include consultants or per diem staff. Do not include central administrative staff that are considered to be indirect costs, e.g., business office staff. One full-time equivalent (FTE) equals one person working an entire week each week of the project. Express partial FTE's in decimals, e.g., a teacher working one day per week equals .2 FTE.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Subtotal - Code 15			

**SALARIES FOR SUPPORT STAFF: Code 16**

Include salaries for teacher aides, secretarial and clerical assistance, and for personnel in pupil transportation and building operation and maintenance. Do not include central administrative staff that are considered to be indirect costs, e.g., account clerks.

Specific Position Title	Full-Time Equivalent	Annualized Rate of Pay	Project Salary
Subtotal - Code 16			



**PURCHASED SERVICES: Code 40**

Include consultants (indicate per diem rate), rentals, tuition, and other contractual services. Copies of contracts may be requested by the State Education Department. Purchased Services from a BOCES, if other than applicant agency, should be budgeted under Purchased Services with BOCES, Code 49.

Description of Item	Provider of Services	Calculation of Cost	Proposed Expenditure
Subtotal - Code 40			

**SUPPLIES AND MATERIALS: Code 45**

Beginning with the 2005-06 year include computer software, library books and equipment items under \$5,000 per unit.

For earlier years include computer software, library books and equipment items under 1,000 per unit.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
Subtotal - Code 45			

**TRAVEL EXPENSES: Code 46**

Include pupil transportation, conference costs and travel of staff between instructional sites. Specify agency approved mileage rate for travel by personal car or school-owned vehicle.

Position of Traveler	Destination and Purpose	Calculation of Cost	Proposed Expenditures
Subtotal - Code 46			

## EMPLOYEE BENEFITS: Code 80

Rates used for project personnel must be the same as those used for other agency personnel.

Benefit		Proposed Expenditure
Social Security		
Retirement	New York State Teachers	
	New York State Employees	
	Other	
Health Insurance		
Worker's Compensation		
Unemployment Insurance		
Other (Identify)		
Subtotal – Code 80		

**INDIRECT COST: Code 90**

- A. Modified Direct Cost Base – Sum of all preceding subtotals (codes 15, 16, 40, 45, 46, and 80 and excludes the portion of each subcontract exceeding \$25,000 and any flow through funds)

\$

(A)

- ### B. Approved Restricted Indirect Cost Rate

%

(B)

- C. (A) x (B) = Total Indirect Cost

Subtotal – Code 90

\$

(C)

### **PURCHASED SERVICES WITH BOCES: Code 49**

Description of Services	Name of BOCES	Calculation of Cost	Proposed Expenditure
Subtotal – Code 49			

### **MINOR REMODELING: Code 30**

Allowable costs include salaries, associated employee benefits, purchased services, and supplies and materials related to alterations to existing sites.

Description of Work To be Performed	Calculation of Cost	Proposed Expenditure
Subtotal – Code 30		

**EQUIPMENT: Code 20**

Beginning with the 2005-06 year all equipment to be purchased in support of this project with a unit cost of \$5,000 or more should be itemized in this category. Equipment items under \$5,000 should be budgeted under Supplies and Materials, Code 45. Repairs of equipment should be budgeted under Purchased Services, Code 40.

For earlier years the threshold for reporting equipment purchases was \$1,000 or more. Equipment items under \$1,000 should be budgeted under Supplies and Materials.

Description of Item	Quantity	Unit Cost	Proposed Expenditure
Subtotal – Code 20			

### HELPFUL REMINDERS

- ❖ Check for the required number of copies to be submitted, including the number of original signature copies. The number of copies may vary from program to program. If unsure, contact the State Education Department office responsible for the program for which you are applying.
- ❖ An approved copy of the FS-10 will be returned to the contact person at the address completed on page 1. A window envelope will be used for the return mailing; please make sure that the contact information is accurate, legible, and confined to the address field.
- ❖ Be sure to check your math and carry all subtotals forward to the Summary on Page 8. Simple mathematical errors often require Grants Finance to contact both the local agency and other State Education Department offices, resulting in unnecessary delays in program approval. And remember, use whole dollars only.
- ❖ School districts and BOCES should use the restricted indirect cost rate that has been approved for the school year in which the grant will operate. Most other agencies are subject to a fixed maximum rate depending on the grant program and type of agency. Contact Grants Finance at (518) 474-4815 if you have any questions regarding indirect costs.
- ❖ The modified direct cost used in the calculation of indirect cost must exclude equipment, minor remodeling, the portion of each subcontract exceeding \$25,000 and any flow through funds.
- ❖ Be sure to complete the Agency Code on Page 8 as well as the Project #, if pre-assigned.
- ❖ For Special Legislative projects and Grant Contracts, please enter the Contract #.
- ❖ For ease of data entry at the State Education Department, please make sure that Page 8 faces out.
- ❖ Submit forms to the State Education Department as follows:

Application, FS-10, FS-10-A – Program Office

FS-25, FS-10-F for **Special Legislative Projects** –  
Special Legislative Projects Coordinating Team  
New York State Education Department  
Room 132 Education Building  
Albany, New York 12234

FS-25, FS-10-F for other projects –  
Grants Finance  
New York State Education Department  
Room 510W Education Building  
Albany, New York 12234

# BUDGET SUMMARY

FS-10 Page 8

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		

## CHIEF ADMINISTRATOR'S CERTIFICATION

*By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal (or State) award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**                      **Signature**

\_\_\_\_\_  
**Name and Title of Chief Administrative Officer**

**Agency Code:**

**Project #:**     
 (If pre-assigned)

**Contract #:**

**Federal Employer ID #:**   
 (New non-municipal agencies only)

**Agency Name:** \_\_\_\_\_

## FOR DEPARTMENT USE ONLY

**Funding Dates:** \_\_\_\_/\_\_\_\_/\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

**Program Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Fiscal Year      Amount Budgeted      First Payment

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
**Voucher #**

\_\_\_\_\_  
**First Payment**

**Finance:**

**Log**

**Approved**

**MIR**

## MBKCG COMPOSITE BUDGET

School District Name: \_\_\_\_\_ Number of Students Served: \_\_\_\_\_

Round Cents to The Nearest Dollar. **The minimum 15% Matching Funds must be reported in Columns 2 and or 3.**

Line No.	Expenditure Category	Code	MBKCG (1)	Agency (2)	Other Sources (3)	TOTAL (4)
1	Salaries for Professional Personnel	15				
2	Salaries for Non-Professional Personnel	16				
	a. Clerical/Secretarial					
	b. Student Assistants					
	c. Other					
3	Purchased Services	40				
4	Supplies & Materials	45				
	a. Instructional					
	b. Other					
5	Travel Expenses	46				
	a. Student/Programmatic					
	b. Staff/Administrative					
6	Employee Benefits	80				
	a. Professional__%					
	b. Clerical/Secretarial__%					
	c. Student Assistants__%					
	d. Other__%					
7	SUBTOTAL of Lines 1-6					
8	Indirect Cost*	90	XXXXXXXXXX			
9	Equipment	20	XXXXXXXXXX			
10	GRAND TOTAL (Lines 7 - 9)					

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Required Signatures NYCDOE

Signatures from all affiliated project personnel are required. Please complete the Required Signatures Form and upload. (Upload files)

I hereby certify that I am the district's chief school/administrative officer and that the information contained in this application is, to the best of my knowledge, complete and accurate. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, Assurances, Certifications, Master Contract for Grants and that the requested budget amounts are necessary for the implementation of this project. It is understood by the district that this application constitutes an offer and, if accepted by the NYS Education Department or renegotiated to acceptance, will form a binding agreement. It is also understood by the district that immediate written notice will be provided to the grant program office if at any time the district learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

## New York City DOE Required Signature Page ONLY

Community School District Number: \_\_\_\_\_

Community School District Superintendent (CSDS) Name: \_\_\_\_\_

CSDS Email: \_\_\_\_\_

CSDS Phone #: \_\_\_\_\_

CSDS Signature: \_\_\_\_\_

CSDS Date: \_\_\_\_\_

Executive Superintendent (ES) Name: \_\_\_\_\_

ES Email: \_\_\_\_\_

ES Phone #: \_\_\_\_\_

ES Signature: \_\_\_\_\_

ES Date: \_\_\_\_\_

Deputy Chancellor (DC) Name: \_\_\_\_\_

DC Email: \_\_\_\_\_

DC Phone: \_\_\_\_\_

DC Signature: \_\_\_\_\_

DC Date: \_\_\_\_\_

MBK Director Name: \_\_\_\_\_

MBK Director Email: \_\_\_\_\_

MBK Director Phone: \_\_\_\_\_

MBK Director Signature: \_\_\_\_\_

MBK Director Date: \_\_\_\_\_

District Senior Grants Officer (DSGC) Name: \_\_\_\_\_

DSGC Email: \_\_\_\_\_

DSGC Phone: \_\_\_\_\_

DSGC Signature: \_\_\_\_\_

DSGC Date: \_\_\_\_\_



1CSI School Building Name/Number: \_\_\_\_\_

1School Building Principal Name: \_\_\_\_\_

1School Building Principal Phone: \_\_\_\_\_

1Date: \_\_\_\_\_

1School Building Principal Email: \_\_\_\_\_

1School Building Principal Signature: \_\_\_\_\_

2CSI School Building Name/Number: \_\_\_\_\_

2School Building Principal Name: \_\_\_\_\_

2School Building Principal Phone: \_\_\_\_\_

2Date: \_\_\_\_\_

2School Building Principal Email: \_\_\_\_\_

2School Building Principal Signature: \_\_\_\_\_

3CSI School Building Name/Number: \_\_\_\_\_

3School Building Principal Name: \_\_\_\_\_

3School Building Principal Phone: \_\_\_\_\_

3Date: \_\_\_\_\_

3School Building Principal Email: \_\_\_\_\_

3School Building Principal Signature: \_\_\_\_\_

4CSI School Building Name/Number: \_\_\_\_\_

4School Building Principal Name: \_\_\_\_\_

4School Building Principal Phone: \_\_\_\_\_

4date: \_\_\_\_\_

4School Building Principal Email: \_\_\_\_\_

4School Building Principal Signature: \_\_\_\_\_

5CSI School Building Name/Number: \_\_\_\_\_

5School Building Principal Name: \_\_\_\_\_

5School Building Principal Phone: \_\_\_\_\_

5Date: \_\_\_\_\_

5School Building Principal Email: \_\_\_\_\_

5School Building Principal Signature: \_\_\_\_\_

6CSI School Building Name/Number: \_\_\_\_\_

6School Building Principal Name: \_\_\_\_\_

6School Building Principal Phone: \_\_\_\_\_

6Date: \_\_\_\_\_

6School Building Principal Email: \_\_\_\_\_

6School Building Principal Signature: \_\_\_\_\_

7CSI School Building Name/Number: \_\_\_\_\_

7School Building Principal Name: \_\_\_\_\_

7School Building Principal Phone: \_\_\_\_\_

7Date: \_\_\_\_\_

7School Building Principal Email: \_\_\_\_\_

7School Building Principal Signature: \_\_\_\_\_

8CSI School Building Name/Number: \_\_\_\_\_

8School Building Principal Name: \_\_\_\_\_

8School Building Principal Phone: \_\_\_\_\_

8Date: \_\_\_\_\_

8School Building Principal Email: \_\_\_\_\_

8School Building Principal Signature: \_\_\_\_\_

## **Required Signatures Rest of State Signature**

Signatures from all affiliated project personnel are required. Please complete the Required Signatures Form and upload. (Upload files)

I hereby certify that I am the district's chief school/administrative officer and that the information contained in this application is, to the best of my knowledge, complete and accurate. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, Assurances, Certifications, Master Contract for Grants and that the requested budget amounts are necessary for the implementation of this project. It is understood by the district that this application constitutes an offer and, if accepted by the NYS Education Department or renegotiated to acceptance, will form a binding agreement. It is also understood by the district that immediate written notice will be provided to the grant program office if at any time the district learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

## **Rest of State Signature Page**

Name of person completing this form:                      Title:    Phone #:

Signature:    Date:

Building Principal's Name:                      Building Principal's Phone #:

Building Principal's Email:                      Building Principal's Signature:                      Date:

Superintendent's Name:                      Superintendent's Phone #:

Superintendent's Email:                      Superintendent's Signature:                      Date:

Grants Officer's Name:                      Grants Officer's Phone#:

Grants Officer's Email:                      Grants Officer's Signature:                      Date:

**MBK Challenge Grant Project Number List**  
**2021-2022**

#	Project Number # 0528	District Name
1	0528-22-2001	Albany CSD
2	0528-22-2002	Buffalo CSD
3	0528-22-2003	Central Islip UFSD
4	0528-22-2004	Elmira CSD
5	0528-22-2005	Fallsburg CSD
6	0528-22-2006	Hempstead UFSD
7	0528-22-2007	Kingston CSD
8	0528-22-2009	NYCGD # 3
9	0528-22-2010	NYCGD # 4
10	0528-22-2011	NYCGD # 5
11	0528-22-2012	NYCGD # 7
12	0528-22-2013	NYCGD # 8
13	0528-22-2014	NYCGD # 9
14	0528-22-2015	NYCGD #10
15	0528-22-2016	NYCGD #12
16	0528-22-2017	NYCGD #13
17	0528-22-2018	NYCGD #14
18	0528-22-2019	NYCGD #16
19	0528-22-2020	NYCGD #19
20	0528-22-2021	NYCGD #23
21	0528-22-2022	NYCGD #27
22	0528-22-2023	NYCGD #31
23	0528-22-2024	Newark CSD
24	0528-22-2025	Newburgh CSD
25	0528-22-2026	Peekskill CSD
26	0528-22-2027	Poughkeepsie CSD
27	0528-22-2028	Riverhead CSD
28	0528-22-2029	Rochester CSD
29	0528-22-2030	Schenectady CSD
30	0528-22-2031	Syracuse CSD
31	0528-22-2032	Troy CSD
32	0528-22-2033	Utica CSD
33	0528-22-2034	Yonkers CSD