

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
Office of Higher Education  
Office of Postsecondary Access, Support and  
Collegiate Science and Technology Entry Program  
89 Washington Avenue  
Education Building, Room 505W  
Albany, New York 12234

**Guidelines for Submission of  
Collegiate Science and Technology Entry Program  
Proposals  
for the Period July 1, 2015– June 30, 2020  
RFP #GC15-004**

Proposals must be postmarked by March 6, 2015

**Announcement of Funding Opportunity for the  
Collegiate Science and Technology Entry Program 2015-2020  
Request for Proposals (RFP) #GC15-004**

**Background:**

The New York State Education Department is pleased to announce competition for Collegiate Science Technology Entry Program (CSTEP) grant contracts for the period of July 1, 2015 through June 30, 2020, pending annual appropriations in the New York State Budget.

**Legislative Authority:**

In 1986, the New York State Legislature passed an amendment to Education Law Chapter 31, Article 130, § 6455, to authorize the use of funds under the Collegiate Science and Technology Entry Program (CSTEP).

**Purpose/Goal:**

According to § 6455 of the Education Law, CSTEP is “for the purpose of increasing access by minority or disadvantaged students to academic programs that have been registered by the commissioner and that prepare students either for licensure in the professions or for employment in scientific and technical fields.”

**Eligible Applicants:**

According to § 145-6.6(b) of the Commissioner’s Regulations, eligible applicant means “a degree-granting postsecondary institution, or a consortium of such institutions, which offers an approved undergraduate program of study and/or an approved graduate level program of study.”

**Important Dates:**

**Project Period:** July 1, 2015 through June 30, 2020.

**January 23, 2015:** An informational webinar will be posted at  
<http://www.highered.nysed.gov/kiap/colldev/CollegiateScienceandTechnologyEntryProgram.htm>

**January 30, 2015:** Deadline for questions to be submitted to [csteprfp@nysed.gov](mailto:csteprfp@nysed.gov)

**February 13, 2015:** A Question and Answer Summary will be posted at:  
<http://www.highered.nysed.gov/kiap/colldev/CollegiateScienceandTechnologyEntryProgram.htm>

**Applications Due:** Postmarked by March 6, 2015

**Funding:**

During the 2014-2015 program year, \$8.6 million was awarded to 49 projects. Future awards depend on annual legislative appropriation, but it is anticipated that funding will continue at the same approximate levels. This RFP covers a five year funding cycle from July 1, 2015, through June 30, 2020. There is a 25% match required for each year of funding from a combination of institutional and/or other non-NY state funds.

## APPLICATION SUBMISSION

Non-profit applicants must submit **one original and two (2) paper copies** (both the narrative application and the budget/budget narrative) as well as a **flash drive** containing a complete electronic copy of the proposal in one PDF file and the budget documents in a separate PDF file, in a sealed envelope labeled “Collegiate Science Technology Entry Program Application GC#15-004”

Non-profit applications must be sent to the following address:

RFP GC#15-004  
New York State Education Department  
Office of Postsecondary Access, Support and Success– CSTEP  
89 Washington Avenue, Room 505W EB  
Albany, NY 12234

For-profit applicants must submit **one original and two (2) paper copies of the Narrative Application** in a sealed envelope labeled “Collegiate Science Technology Entry Program Narrative Application, GC#15-004—DO NOT OPEN”; **one original and two (2) paper copies of the Budget/Budget Narrative** in a separately sealed envelope labeled “Collegiate Science Technology Entry Program Budget, GC#15-004—DO NOT OPEN”; a **flash drive** containing a complete electronic copy of the proposal in one PDF file and the budget documents in a separate PDF file in a separately sealed envelope labeled “Collegiate Science Technology Entry Program Electronic Copy, GC#15-004—DO NOT OPEN”

For-profit applications must be sent to the following address:

Attn: Nell Brady, RFP GC#15-004  
NYS Education Department  
Bureau of Fiscal Management  
Contract Administration Unit  
89 Washington Avenue, Room 501W EB  
Albany, NY 12234

## PREQUALIFICATION REQUIREMENT

The State of New York has implemented a new statewide prequalification process (described in <http://www.grantsreform.ny.gov/Grantees>) designed to facilitate prompt contracting for not-for-profit vendors. All not-for-profit vendors are required to pre-qualify by the grant application deadline in order to be eligible for this grant. This includes all currently funded not-for-profit institutions that may have previously received an award and are in the middle of the program cycle. Please review the additional information regarding this requirement in the Prequalification for Individual Applications section of this RFP.

## THE STATE EDUCATION DEPARTMENT CONTACTS

### Program:

Dr. Chris Fernando  
[csteprfp@nysed.gov](mailto:csteprfp@nysed.gov)

### M/WBE:

Ms. Joan Ramsey [csteprfp@nysed.gov](mailto:csteprfp@nysed.gov)

### Fiscal:

Ms. Nell Brady  
[csteprfp@nysed.gov](mailto:csteprfp@nysed.gov)

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## DEFINITIONS OF FREQUENTLY USED TERMS

**Academic Year:** The two regular semesters, three trimesters, or required equivalent arrangement normally occurring between August and June.

**Approved Program:** is an undergraduate level program of study and/or graduate level program registered by the State Education Department and offered in New York State which either: has been designated by the Commissioner as licensure qualifying in the particular profession; in the case of the profession of law, meets the requirements contained in section 520.3 of the Rules of the Court of Appeals (22 NYCRR 520.3) pertaining to the study of law; or prepares students for employment in scientific, technical, health and health-related fields.

**Commuting Student:** A student who lives off-campus, in housing not provided by the institution.

**Consortium:** For the purposes of this RFP, a consortium is defined as an association or grouping of institutions set up for a common purpose that would be beyond the capabilities of a single member of the group. A consortium must meet all requirements established in NYSED's Consortium Policy for State and Federal Discretionary Grant Programs found in Section XII of this RFP.

**CSTEP Student:** A matriculated and active member of a participating CSTEP project. Active shall be defined as having applied for and been accepted for CSTEP at the institution and participation in CSTEP activities. Participation in a number of activities per semester will be defined by the CSTEP institution.

**CSTEP-SED:** New York State's primary coordination and administration unit for the Collegiate Science Technology Entry Opportunity Program; housed under SED's Office of Postsecondary Access, Support and Success.

**Current Program:** This includes all institutions applying under this RFP that have an existing Collegiate Science Technology Entry Opportunity Program at their institution.

**Domicile:** For the purposes of NYS residency determination for CSTEP, a permanent residence or domicile shall mean the person's legal home. A person may have more than one residence; however they will have one domicile or permanent residence. The permanent residence or domicile (rather than the temporary residence) controls the jurisdiction for taxation and for the exercise of legal rights.

**Economically Disadvantaged:** For the purpose of CSTEP, a student who is economically disadvantaged means a student who meets the criteria set forth in section 27-1.1 of the Rules of the Board of Regents. The Income eligibility criteria will be published annually by CSTEP-SED for the 2015-2020 funding cycle. The eligibility standards set forth apply only at the time of admission as a first-time student to a CSTEP program. Once admitted, a student may continue to receive supportive services as needed, even if the family income rises above the current eligibility standards.

Additional documentation of household income need not be collected if the student falls into one of the following categories, and documentation is available to demonstrate:

1. the student's family is the recipient of family assistance program aid or safety net assistance through the New York State Office of Temporary and Disability Assistance or a county department of social services; or is the recipient of family day-care payments through the New York State Office of Children and Family Services or a county department of social services;

2. the student is living with foster parents who do not provide support for college, and no monies are provided from the natural parents; or
3. the student is a ward of the State or a county.

**Eligible Applicants:** According to § 145-6.6(b) of the Commissioner's Regulations, eligible applicant means "a degree-granting postsecondary institution, or a consortium of such institutions, which offers an approved undergraduate program of study and/or an approved graduate level program of study." Therefore, in order to be an eligible application, the degree-granting institution or lead institution of a consortium of such institutions must be the applicant/fiscal agent. A third party or other entity may not serve as the applicant/fiscal agent.

**Eligible Student:** To be eligible for undergraduate Collegiate Science and Technology Entry Program support, a student must be a resident of New York who is **either** economically disadvantaged **or** from a minority group historically underrepresented in the scientific, technical, health and health-related professions, and who demonstrates interest in and a potential for a professional career if provided special services. Eligible students must be in good academic standing, enrolled full time in an approved program of study, as defined by the Regents (<http://www.nysed.gov/heds/IRPSL1.html>).

**Freshman:** For the purpose of CSTEP, a freshman is a college student who is accepted and enrolled at an institution of higher education for the academic year who is in their first year of college study. This includes those high school graduates who are accepted and enrolled at an institution of higher education supporting a CSTEP project who are attending CSTEP summer academic programs.

**Full-Time Equivalent (FTE):** is a way to measure a worker's involvement in a project, or a student's enrollment at an educational institution.

Staff: Full-time equivalent for staff is defined as the percent effort for each activity and/or service provided by the worker. An FTE of 1.0 means that the person is equivalent to a full-time worker and spends 100% of his or her time on the project; an FTE of 0.5 signifies that the worker spends half-time of his or her time serving the project.

Student: Full-time equivalent academic status for a CSTEP participant is defined by the standards set forth at each institution to determine or calculate full-time enrollment on that campus.

**Headcount:** Refers to the number of unduplicated, full-time student participants enrolled and receiving services in a program during any given fiscal year.

**Historically Under-represented:** According to § 145-6.6(b) of the Commissioner's Regulations, minorities historically underrepresented in the scientific, technical, health and health-related professions means residents of New York State or permanent resident aliens residing in New York State who are Black, Hispanic, American Indian or Alaskan native.

**Independent Student:** For purposes of economic eligibility for CSTEP, an independent student means a student who:

1. is 24 years of age or older by December 31st of the program year; or
2. is an orphan or ward of the court. (A student is considered independent if he or she is a ward of the court or was a ward of the court until the individual reached the age of 18); or



3. is a veteran of the Armed Forces of the United States who has engaged in the active duty in the United States Army, Navy, Air Force, Marines, or Coast Guard and was released under a condition other than dishonorable; or
4. is a married individual; or
5. has legal dependents other than a spouse; or
6. is a student for whom an opportunity program and financial aid administrator has made a satisfactory documented determination of independence by reason of other extraordinary circumstances.

**Institutional Match:** The total amount of funds that the institution contributes towards CSTEP from its own or other resources (state grants are excluded) for the purposes of administering CSTEP.

**Licensed Profession:** For the purposes of participation in CSTEP, academic programs leading to licensed professions would be deemed acceptable for participation in CSTEP grant. Go to the following website to see a list of professions that are licensed, registered, or certified by the Board of Regents. New York State Licensed Professions:  
<http://www.op.nysed.gov/prof/>

**New York State Residency:** The student is a resident of the State if any of the following apply:

- A. He/she now resides in New York State and will be an undergraduate and has lived in New York State for the last year of high school; or
- B. He/she was a resident when the student entered military service, VISTA, or the Peace Corps and re-established New York State residency within six months after release from service; or
- C. He/she has resided in New York State for at least 12 months immediately preceding the first term for which the applicant is enrolled as an undergraduate or graduate student in CSTEP and has established domicile (permanent residence) in New York State.

**Pre-freshman:** For purposes of this RFP, a pre-freshman is a high school student or a high school-graduate who is not accepted and/or enrolled as a freshman at an institution of higher education supporting a CSTEP project. CSTEP project services cannot be provided to Pre-freshmen.

**Program Year:** For purposes of this RFP, July 1 through June 30 constitutes a program year.

**Remedial Course:** Non-credit bearing courses usually for, but not limited to, English and mathematics designed to prepare students for college level course work.

**Resident Student:** A student who either lives off-campus in housing provided by the institution, or on-campus in housing facilities owned and/or maintained by the institution.

**Scientific Field:** For the purposes of CSTEP participation under § 6455 of the Education Law, scientific field shall include those fields in the natural sciences (i.e. physical and life sciences), and those fields in the decision sciences (i.e. decision theory, logic, mathematics, statistics, systems theory, theoretical computer science) or where 70% of the registered program credits are in the mathematical and/or scientific departments.

**Special Session:** Interim sessions between college year terms (i.e. summer session, winter session)

**State Fiscal Year:** The accounting period for the New York State government that begins from April 1 and runs through March 31.

**Start-up Programs:** This includes all institutions applying under this RFP which do not have a current Collegiate Science and Technology Entry Program at their institution.

**Students with Disabilities:** A student with any physical or mental impairment that substantially limits one or more major life activities such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working. “Substantially limited” generally means that a person is unable to perform a major life activity that the average person in the general population can perform. Mitigating or corrective measures such as medication or corrective lenses may be considered when determining whether a person is substantially limited.

**Technical Field:** For the purposes of participation in CSTEP under § 6455 of the Education Law, technical fields are those fields in the applied sciences (i.e. medical support fields, engineering support fields, computer science, etc.) or in which the academic program at the baccalaureate level requires at least two semesters of calculus or statistics, and both a full year introductory science course and science courses at above the introductory level. Not all majors with the word “technology” in the name will qualify as a technical field.

**Transfer Student:** For the purpose of CSTEP, a transfer student is a college student who is accepted and enrolled for the academic year at an institution of higher education supporting a CSTEP project, who was previously a college student at another institution. The designation of a student as a transfer student is an academic designation and independent from a determination of NYS residency for the purposes of enrollment in CSTEP.

## GUIDELINES FOR CSTEP PROGRAMS

### I. INTRODUCTION

The New York State Education Department is pleased to announce competition for Collegiate Science and Technology Entry Program (CSTEP) grant contracts for the period of July 1, 2015 through June 30, 2020, pending annual appropriations in the New York State Budget.

### II. PURPOSE

According to § 6455 of the Education Law, CSTEP is “for the purpose of increasing access by minority or disadvantaged students to academic programs that have been registered by the commissioner and that prepare students either for licensure in the professions or for employment in scientific and technical fields.”

### III. INSTITUTIONAL ELIGIBILITY

According to § 145-6.6(b) of the Commissioner’s Regulations, eligible applicant means “a degree-granting postsecondary institution, or a consortium of such institutions, which offers an approved undergraduate program of study and/or an approved graduate level program of study.” A consortium is defined as an association or grouping of institutions set up for a common purpose that would be beyond the capabilities of a single member of the group. A consortium must meet all requirements established in NYSED’s Consortium Policy for State and Federal Discretionary Grant Programs found in Section XII of this RFP. Both non-profit and for-profit institutions are eligible to apply.

### IV. STUDENT ELIGIBILITY

To be eligible for Collegiate Science and Technology Entry Program support, a student must be a resident of New York who is **either** economically disadvantaged **or** from a minority group historically underrepresented (Black, Hispanic, American Indian or Alaskan native) in the scientific, technical or licensed professions, and who demonstrates interest in and a potential for a professional career if provided special services. Eligible students must be in good academic standing, enrolled full time in an approved program of study, as defined by the Regents.

#### Documentation

1. Institutions approved for funding are required to develop an application for CSTEP participants. Students must complete this application prior to participation in the program. Funds may not be expended on behalf of students for whom an application and required documentation are not available. The program is responsible for having each student’s previous and current transcripts on file for the duration of his or her participation in the program.
2. Documentation confirming economically disadvantaged status is required only for students who are not Black, Hispanic, American Indian or Alaskan native. Said economic disadvantage documentation would be a copy of the student’s FAFSA and/or a signed copy of all applicable and most recent year’s tax returns (IRS form 1040, 1040A, 1040EZ or 4506). The economic eligibility standards set forth apply only at the time of admission as a first-time student to a CSTEP program.
3. Documentation of Black, Hispanic, American Indian or Alaskan native identity may be in the form of a completed CSTEP application signed by the student, and/or the official college application indicating race/ethnicity.
4. The application and all required documentation must be kept on file for each student at the CSTEP institution and must be readily available for review by State Education Department (CSTEP-SED) staff. In the case of consortia, a copy of the CSTEP application for each student must be available at the home campus as well as at the lead institution.

## V. PRIORITIES

This program, designed specifically for economically disadvantaged and historically under-represented students, must be an integral part of the college academic community. It must not be a peripheral activity segregated from other college programs. For this funding cycle each Collegiate Science and Technology Entry Program shall address each of the following priorities:

- A. Increase the recruitment, enrollment and retention of eligible students at your institution pursuing registered academic programs in severe regional or statewide scientific and technical career shortage areas.
- B. Increase the recruitment, enrollment and retention of eligible students that are most in need at your institution.
  - To assist in the identification of eligible students, the following resources are provided:
    - <http://www.pewresearch.org/fact-tank/2014/03/06/womens-college-enrollment-gains-leave-men-behind/>
    - <http://americaswire.org/drupal7/?q=content/black-males-missing-college-campuses>
    - <http://nces.ed.gov/pubs2012/2012046.pdf>
    - <http://www.cbcfinc.org/oUploadedFiles/CTSQ.pdf>
    - [http://www.nsf.gov/statistics/wmpd/2013/pdf/nsf13304\\_full.pdf](http://www.nsf.gov/statistics/wmpd/2013/pdf/nsf13304_full.pdf)
    - [http://www.whitehouse.gov/sites/default/files/docs/white\\_house\\_report\\_on\\_increasing\\_college\\_opportunity\\_for\\_low-income\\_students\\_1-16-2014\\_final.pdf](http://www.whitehouse.gov/sites/default/files/docs/white_house_report_on_increasing_college_opportunity_for_low-income_students_1-16-2014_final.pdf)

## VI. PROGRAM REQUIREMENTS

Institutions that receive a CSTEP award will be required to:

- A. Ensure that CSTEP is an academic opportunity program and must be closely coordinated with the academic affairs at the institution and provide suitable institutional support.
  - a. Professional Staffing – (the following is a suggested guide to program staffing qualifications)
  - b. Project Director – The CSTEP director is responsible for providing leadership to CSTEP and for the management of the contract and all related CSTEP activities. The project director or Associate Director should have a minimum of a bachelor's degree with 3-5 years of program administration & management experience. The director should also have experience in fiscal management and budgetary oversight. In addition, he or she should have experience working with students from historically underrepresented or economically disadvantaged groups.
  - c. Assistant Director/Coordinator – The Assistant Director or Coordinator should have a minimum of a bachelor's degree with 1-3 years of program administration & management experience. In addition, he or she should have experience working with students from historically underrepresented or economically disadvantaged groups.
- B. Collaborate with appropriate faculty, department chairs or deans in the planning, implementation, and evaluation of the CSTEP project.
- C. Plan and implement a program evaluation with quantitative and qualitative measures outlining the impact of academic services and interventions and the identified recruitment, retention and shortage field priorities.
- D. Contribute at least 25 percent matching funds from institutional, governmental (other than New York State) and other in-kind sources.
- E. Provide evidence of Statewide & Regional collaboration:
  - a. Demonstrate participation in Statewide & Regional collaborations related to education in the licensed professions, scientific, and technical fields, including the determination and remediation of regional and statewide scientific and technical career shortages.

- b. Demonstrate upper-division undergraduate and/or graduate student participation in professional organization meetings and/or conferences in their field.
- F. Ensure audit accountability, as each institution must adhere to the Generally Accepted Accounting Principles and reflect CSTEP and institutional monies by line item, separate from all other institutional accounts. State, institutional, Federal, and other grant funds must be clearly delineated.
- G. Provide instructional support in “gateway courses” (i.e., small group tutorials or supplemental instruction in biology, chemistry, physics, calculus, and pre-professional pre-requisite courses) at the freshman and sophomore levels, and tutoring for higher level courses at the junior and senior levels.
- H. Provide services to enhance and increase students’ involvement in research and/or internship opportunities, including, but not limited to, a CSTEP coordinated research/internship experience for each student prior to graduation (coursework that includes a clinical experience may satisfy this requirement) culminating in either a research project or written summary of internship.
- I. Provide **student** professional development opportunities: workshops, poster presentations, publications in professional/research that promote access to careers in math, science, technology, health-related fields, and the licensed professions.
- J. Provide program services and activities that include: tutoring, academic counseling, remedial and special summer courses, supplemental financial assistance, recruitment, academic enrichment, career planning, and review for licensing examinations for students pursuing careers in scientific and technical fields and the licensed professions.
- K. Plan, implement, and assess Day of Service participation by CSTEP students in their local community or the local community of the institution. These events are meant to both bring a highlight to the experience of CSTEP students in education for the licensed professions, scientific, and technical fields, and to provide an opportunity to showcase community collaboration in utilizing the skills learned in their academic college experience.

## **VII. PUBLIC RELATIONS/ATTRIBUTIONS OF FUNDING**

In order to ensure the continued support and the commitment of resources to State-funded Collegiate Science and Technology Entry Program projects, there must be public awareness of the program's positive impact on the lives of project participants and their families, schools, and communities. Positive publicity and community awareness also help to ensure that those who are eligible and who could benefit from participation are informed of the project's existence.

To facilitate public awareness, all funded Collegiate Science and Technology Entry Program projects are required to ensure that all public relations materials, websites, and program related activities acknowledge that the project and its activities are supported, in whole or in part, by a grant from the New York State Education Department. In addition, when local, statewide, or national media report on the project's success or on honors received by students or staff, New York State Education Department funding must be acknowledged.

In addition, the project director should submit copies of all local, statewide, or national media stories about the project and/or the project participants and staff to the State Education Department at the following address:

New York State Education Department  
Office of Postsecondary Access, Support and Success  
Collegiate Science and Technology Entry Program  
89 Washington Avenue  
Education Building, 505W  
Albany, New York 12234  
Telephone: (518) 486-6042  
E-mail: [kiap@nysed.gov](mailto:kiap@nysed.gov)

Questions about this policy may be directed to the appropriate project liaison.

The foregoing publicity requirements are subject to any additional terms and conditions that are defined in the master grant contract.

#### **VIII. NYSED'S RESERVATION OF RIGHTS**

NYSED reserves the right to:

1. Reject any or all proposals received in response to the RFP;
2. Withdraw the RFP at any time, at the agency's sole discretion;
3. Make an award under the RFP in whole or in part;
4. Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
5. Seek clarifications of proposals;
6. Use proposal information obtained through site visits, management interviews and the state's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
7. Prior to the bid opening, amend the RFP specifications to correct errors or oversights, or to supply additional information, as it may become available;
8. Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
9. Change any of the scheduled dates;
10. Waive any requirements that are not material;
11. Negotiate with the successful bidder within the scope of the RFP in the best interests of the state;
12. Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
13. Utilize any and all ideas submitted in the proposals received;
14. Unless otherwise specified in the solicitation, every offer is firm and not revocable for a period of 90 days from the bid opening;
15. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's proposal and/or to determine an offerer's compliance with the requirements of the solicitation;
16. To request best and final offers.

#### **IX. FUNDING LIMITATIONS**

The specific amount of awards depends upon the legislative appropriation and the review and approval of an institution's application for funding by the State Education Department (SED). While this RFP calls for an application that will cover a five year grant period, funding in years two through five is dependent on satisfactory grantee performance, legislative appropriation and the submission of appropriate budget documents and work plan approved by SED.

The State Education Department (SED) may suspend funding to any project that fails to provide required reports or carry out the priorities and requirements of CSTEP as identified in the RFP and subsequent contract.

Each institution may submit more than one proposal only if the institution has two or more geographically separate campuses.

**The maximum request for any CSTEP project will be \$400,000 per year.** The maximum amount of funding that may be requested in any one application will be determined by the minimum number of student participants (headcount) the project commits to serve contractually on an annual basis. The number of students will be based on the

“unduplicated count,” which is the number of students participating (headcount) in the summer plus all other academic year student participants who did not attend in the summer. The project may propose a budget that reflects a lower funding amount if the project deems it suitable for the scope of their services or their ability to meet the required 25% match. **The minimum number of students (headcount) that must be served annually in a CSTEP project is 30 participants.**

Projects that serve between 30 and 99 students per year may request a maximum of \$2,000 for each student contracted to serve. The annual budget for a project contracted to serve 30 students per year may not exceed \$60,000; the annual budget for a project contracted to serve 99 students per year may not exceed \$198,000.

Projects that serve between 100 and 199 students per year may be awarded a maximum of \$1,500 for each student they serve above 99. For example, the annual budget for a project contracted to serve 100 students per year may not exceed \$199,500 (i.e., \$198,000+\$1,500); the annual budget for a project contracted to serve 199 students per year may not exceed \$348,000 (i.e., \$198,000+\$150,000).

Projects that serve 200 or more students per year will be awarded a maximum of \$1,000 for each student they serve above 199, up to a cap of \$400,000 per project, per year. For example, the annual budget for a project contracted to serve 200 students per year may not exceed \$349,000 (i.e., \$348,000+\$1,000). The maximum request for any CSTEP project will be \$400,000 per year.

This approach seeks to award funding to successful projects in an equitable manner and maximize the number of students served statewide while recognizing that projects serving fewer students can bear a higher proportion of infrastructure and administrative costs per student. Further, while projects that provide services to more than 252 students will not receive additional funds per student, serving higher numbers of proposed participants will be viewed favorably by reviewers in the priorities rubric C-1, Priority-2: “activities and services to increase access to the number of historically under-represented students that support program requirements.” Projects that do not meet their contracted enrollment of participants will have their budget reduced proportionately (see the “Shortfalls in enrollment goals” section below for additional information).

All funding requests will be reviewed at the time of submission of an application. If certain costs cannot be supported by CSTEP funds, they will be eliminated from the budget.

**For an increase in available funding:**

- A. If new or additional funding becomes available, and NYSED chooses to distribute this funding to applicants of this current RFP, NYSED will allocate the funds in this order by:
  - a. Making whole any funded programs that have received a partial award;
  - b. Approving awards, in rank order, for eligible applicants who received passing scores, but who did not rank high enough to receive the initial funding;
  - c. Allocating funds among already awarded programs to serve additional students. NYSED will offer awarded programs the opportunity to serve additional students based on the per student maximum request amounts outlined in this Funding Limitations section of the RFP. This opportunity will be offered to all awarded programs that have not fallen below 95% of their enrollment goal, according to the most recently submitted rosters of students (see the Shortfalls in Enrollment Goals section below). Maximum request amounts will be established by distributing funding proportionally (based on total annual budget) to those institutions that accept the opportunity to serve additional students.
- B. Such plan will be subject to review and approval by the Office of the State Comptroller.

**For a decrease in available funding:**

A decrease in funding for any subsequent funding year will result in a proportional reduction to all funded projects based on total annual budget.

**Shortfalls in enrollment goals:**

The CSTEP award recipient institution will furnish CSTEP-SED with a roster of students enrolled in its program as of February 15 in each program year. This roster is due March 15. The number of students listed in this roster will be compared against the number of students proposed to be served in the RFP's 2015-2016 Composite Budget. If the current roster is less than 95% of the number set forth in the composite budget, the grantees budget will be proportionally diminished by the amount of the percentage of the deficiency from the composite budget. For example: if the actual roster is 94% of the projected number, the grantees budget will be reduced by 6% in the year of the deficiency.

**X. BUDGET**

Applicants should refer to the Fiscal Guidelines for Federal and State Aided Grants while preparing their program budgets: <http://www.oms.nysed.gov/cafe/guidance/guidelines.html>

**A. Use of Funds**

1. Activities funded by a CSTEP grant contract will be administered pursuant to a written agreement between the State Education Department and the participating institution.
2. CSTEP funds may not be used for purposes that have not been described in the authorizing statute, the Regulations of the Commissioner of Education or this RFP. Amendments to the proposal during the course of the year that involve changes in the manner in which CSTEP funds are expended must have prior written approval from the CSTEP-SED. See E. Transfer of Funds below for additional information.
3. Students enrolled in the State-funded opportunity programs (HEOP, EOP, SEEK, or College Discovery) are eligible to participate in CSTEP; however, institutions must ensure that no more than 20 percent of all CSTEP participants are concurrently enrolled in an opportunity program, that services are not duplicated between programs, and institutions must be able to demonstrate non-duplication of services in the activity section of the annual report. "Double-counting" of students to generate funds from more than one outside source will not be permitted.

**B. Allowable Expenses**

Under §6455 of the NYS Education Law, Collegiate Science and Technology Entry Program monies as part of a program may be used for tutoring, academic counseling, remedial and special summer courses, supplemental financial assistance, recruitment, academic enrichment, career planning, review for licensing examinations, and program administration.

Allowable costs include the following:

1. Program administration, including professional and non-professional salaries, benefits, staff travel for required program administration as approved by NYSED;  
\*Note: Out of state travel requires prior approval by NYSED liaison.
2. Supplemental Financial Assistance (to include stipend, nominal travel assistance, and CSTEP student conference-related expenses) for students participating in CSTEP-coordinated research opportunities and internships;
3. Program activities and services directly related to pre-professional or professional education programs of study that lead to professional licensure and to careers in scientific and technical fields and the licensed professions, such as: tutoring, academic counseling, remedial, standardized test instruction fees; recruitment of students, academic enrichment, career planning, and review for licensing examinations;
4. Student classroom supplies, including student laboratory supplies;



5. Administrative and instructional supplies and materials (including instructional or administrative computer software and computers, lab equipment, etc.).
  - a. When equipment (**items with a unit value of \$5,000 or more**) is purchased with CSTEP funds, it is the responsibility of the institution to ensure that the Equipment Inventory Form is completed and that a copy is submitted to the CSTEP-SED.
  - b. If a program closes, any equipment purchased with CSTEP-State funds must be released for transfer to another CSTEP program so that the equipment continues to support CSTEP students.
  - c. CSTEP-SED staff will assist College staff in arranging the transfer of such equipment;
6. Indirect costs at no more than 8% are allowed.

Adjustments to an award amount will occur if items within the proposed budget are deemed to be non-allowable or inappropriate.

C. Non-Allowable Costs

1. Funds are not available for rental of office or meeting space, storage facilities, fixtures or communication cost (phone and/or electronic communication cost), and other items which fall outside of the allowable expenses identified in the legislation, regulations or this RFP.
2. State CSTEP funds cannot be used for organizational dues or items not specifically allowed under the categories identified above.
3. Funds cannot be used to pay for the salary or stipend of the CSTEP Director's Supervisor or someone designated as a Principal Investigator for the grant contract (in their role as supervisor or PI).
4. Funds may not be used for purposes other than those described in the approved grant contract.
5. Funds may not be used for cultural enrichment or other social activities.
6. Funds must supplement, not supplant, existing funding sources.

D. Fringe Benefits

The rate for fringe benefits cannot exceed the actual rate paid by the institution. For SUNY institutions, the maximum rate that will be considered is the rate allowed by the New York State Office of the State Comptroller (OSC).

E. Transfer of Funds: Failure to follow these procedures may result in the disallowance of all expenditures not previously approved by CSTEP-SED.

1. Consistent with the Fiscal Guidelines for Federal and State Grants, budget transfers must be requested using Form FS-10-A: Proposed Amendment for a Federal or State Project.
2. All FS-10-A forms must be submitted anytime between the start date of any funding year and May 15<sup>th</sup>.
3. An amendment that would result in a transfer of funds among program activities or budget cost categories that does not affect the amount, consideration, scope or other terms of such contract may still be subject to the approval of the Attorney General and the Office of the State Comptroller where the amount of such modification is, as a portion of the total value of the contract, equal to or greater than ten percent for contracts of less than five million dollars, or five percent for contracts of more than five million dollars; and, in addition, such amendment may be subject to prior approval by the applicable State Agency as detailed in the contract.
4. Funds must not be expended until the budget/contract amendment has been approved in writing.

F. Institutional Funds

1. Matching Funds

- A minimum 25 percent match of the CSTEP grant contract is required. The matching requirement may be met through the institution's own resources, private sources, other non-New York State governmental sources, and in-kind services. All matching contributions must be used for activities related exclusively to the CSTEP project, and institutional accounts must be structured to reflect this contribution by appropriate line item.
- Matching funds for indirect expenses provided by the institution may not exceed 20 percent of the matching funds contributed by the institution and/or other non-NYS sources.

2. Program Support

- The institution must provide sufficient space and resources consistent with other academic support programs on the campus for the effective operation of the program.
- Programs must have access to and use of space needed to conduct the following: group meetings/workshops, conferencing, confidential academic counseling, program administration, and tutoring services.
- Projects must be conducted at a facility, which will, to the greatest extent possible, meet the accessibility needs of individuals with disabilities who will participate in project activities.
- The institutions conducting the programs are responsible for reasonable accommodations, such as interpreters, assistive listening devices, large print or Braille materials, etc.

3. Institutional Obligation

- Institutions approved for funding will have an obligation to honor the institutional amount committed in support of the program in each budget category. This obligation will be reflected in the approved budget agreed to by CSTEP-SED and the institution. The budget indicating matching funds may be amended only upon the written agreement of both parties.

G. CSTEP Payment Schedule and Financial Reporting

1. Activities funded under a CSTEP award will be administered pursuant to a written contract between NYSED and the funded applicant institution or applicant lead institution of a consortium. An institution awarded a contract and accepting CSTEP funds must submit an annual budget and budget narrative, for the first year and each succeeding year in a form and manner prescribed by CSTEP-SED.
2. Budgets (FS-10)
  - a. The application must include an FS-10 Budget Form for the first year of the program.
  - b. Each institution receiving a CSTEP award will be required to submit a FS-10 and Budget Narrative prior to the beginning of each subsequent program year. This is due to CSTEP-SED no later than April 1 for the program year beginning July 1. The FS-10 and Budget Narrative must be approved by SED prior to the requesting of any funds by the institution.
  - c. General descriptions of expenditures, applicable cost principles and administrative regulations are available in the Fiscal Guidelines for Federal and State Grants <http://www.oms.nysed.gov/cafe/guidance/guidelines.html>.
3. Not-for-Profit Applicants:
  - 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-10F Long Form**).

For-Profit Applicants:

- a. For-profit institutions will receive payment for work or service that has been performed. The applicant may receive interim payments (up to 90 percent of the grant contract), but only actual expenditures will be reimbursed.
- b. The final reimbursement payment of **10%** occurs upon the approval of the Final Program and Expenditure Reports (**FS-10F Long Form**).

**Note:** The Grant Contract is fully executed when it has been signed by the institution's Chief Executive Officer or their designee, the New York State Education Department, the Office of the New York State Attorney General, and the New York State Office of the State Comptroller.

H. Records Retention:

- a. All CSTEP related institutional records, including student and fiscal records, are subject to audit by the State Education Department and the Office of the State Comptroller, or an agency designated by one of the above.
- b. Fiscal records, including those identifying an expense of CSTEP funds, must be maintained for seven full years, or longer if required by institutional policy or practice.
- c. Student records must be maintained for six years after the student graduates.
- d. If a student withdraws from the institution prior to graduation, the student CSTEP record must be maintained for six years from the end of the academic term in which the student withdrew, or longer if required by institutional policy or practice.
- e. Audit or litigation will "freeze the clock" for records retention purposes. Supporting documentation related to an issue under audit or litigation must be retained until resolved or the above general rule for record retention, whichever is longer.

## XI. PROJECT OPERATIONAL GUIDELINES

A. Operation Dates:

For the initial program funding year, projects may begin as early as July 1, 2015, but must be completed by June 30, 2016. The operational dates for subsequent years covered by this proposal will be July 1st through June 30<sup>th</sup>.

B. Required Program Reports:

1. Late or inaccurate submissions of any budgetary forms and/or Programmatic reports may result in the suspension of funds.
2. Exceptions to due dates may be made to programs that have requested an extension in writing to their liaison and have received approval. Acceptable written request may be sent via email, regular mail, or fax. All communication requesting an extension must be copied to the President, Provost of the institution, or appropriate supervisor and indicate the reason why the institution is unable to submit its report on time.
3. Each institution receiving a CSTEP award will be required to submit two program reports annually; a mid-year report and a final report to the CSTEP-SED.
  - i. The mid-year report is to be received by SED not later than March 15 every year. This report specifies the enrolled CSTEP students as well as the initial expenditures and activities in operating the CSTEP in a form and manner prescribed by CSTEP-SED. The CSTEP student FTE reported on the report will be used to ensure that the institution has met their budgeted CSTEP student FTE. The mid-year report shall cover the period from July 1 through December 31.
  - ii. The final program report is due on September 15<sup>th</sup> of each program year. The final report shall cover the period from July 1 through June 30 (the entire program year). This report, in a

form and manner prescribed by CSTEP-SED, outlines the institution's expenditures and activities in CSTEP for the program year and provides:

1. An analysis of program operation in terms of the stated priorities and the extent to which the priorities were achieved.
  2. An itemization of the institution's support of such program during the contract period including the use of outside (Federal, State and local) funds.
  3. Plans for program change, expansion and development.
  4. The extent and nature of faculty, staff, student, and community involvement and participation in program planning and development.
4. As indicated, the institution's program reports will be reviewed upon receipt by CSTEP-SED for accuracy and completeness. The institution will be notified by SED if their submission is incomplete and/or requires additional information.

C. Grant Recipient Responsibilities:

Projects must operate under the jurisdiction of the institution and are subject to at least the same degree of accountability as all other departmental expenditures of the institution. The institution is responsible for the proper disbursement of, and accounting for, project funds. Written Institution policy, as well as State rules pertaining to wages, mileage and travel allowances, overtime compensation, fringe benefits, competitive bidding, safety regulations, and inventory control must be followed. Original supporting documents are required for all Grant Contract related transactions entered into the local agency's recordkeeping system. Documents that authorize the disbursement of grant contract funds consist of purchase orders, contracts, time & effort records, delivery receipts, vendor invoices, travel documentation and payment documents.

Supporting documentation for Grant Contracts must be kept for at least six years after the last payment was made unless otherwise specified by program requirements. Additionally, audit or litigation will "freeze the clock" for record retention purposes until the issue is resolved. All records and documentation must be available for inspection by State Education Department officials or its representatives.

For additional information about grant contracts, please refer to the [Fiscal Guidelines for Federal and State Aided Grants](#).

D. Institutional Obligation:

Applicants receiving a CSTEP grant contract have an obligation to honor the amount to which they have committed in the various budget categories. This obligation is reflected in the final budget agreed to by the State Education Department, the Office of the Attorney General, the Division of Budget, the Office of the State Comptroller, the Director of State Operations and the institution/agency. The budget may be amended by written approval of the Commissioner of Education and the Office of the State Comptroller.

## **XII. NYSED CONSORTIUM POLICY FOR STATE AND FEDERAL DISCRETIONARY GRANT PROGRAMS**

The consortium for the purposes of the CSTEP application must meet the following requirements:

1. The consortium must designate one of the members to serve as the applicant and fiscal agent for the grant. The applicant agency must be an eligible grant recipient. All other consortium members must be eligible grant participants, as defined by the program statute or regulation.

2. In the event a grant is awarded to a consortium, the grant or grant contract will be prepared in the name of the applicant agency/fiscal agent, not the consortium, since the group is not a legal entity.
3. The applicant agency/fiscal agent must meet the following requirements:
  - a. Must be an eligible grant recipient as defined by statute;
  - b. Must receive and administer the grant funds and submit the required reports to account for the use of grant funds;
  - c. Must require consortium partners to sign an agreement with the fiscal agent that specifically outlines all services each partner agrees to provide. An MOU signed by all member institutions must be submitted to NYSED and kept on file prior the start of the contract. Funding for project and work cannot commence prior to submission of an MOU signed by each member institution.
  - d. Must be an active member of the partnership/consortium.
  - e. Cannot act solely as a flow-through for grant funds to pass to other recipients. The fiscal agent must provide a minimum of 20% of the direct services supported by this grant, as reflected in the budget.
  - f. Is PROHIBITED from sub-granting funds to other recipients. The fiscal agent is permitted to contract for services with other consortium partners or consultants to provide services that the fiscal agent cannot provide itself.
  - g. Must be responsible for the performance of any services provided by the partners, consultants, or other organizations and must coordinate how each plan to participate.

### **XIII. VENDOR RESPONSIBILITY, M/WBE, AND ADDITIONAL REQUIREMENTS**

#### **Vendor Responsibility**

State law requires that the award of state contracts be made to responsible vendors. Before an award is made to a not-for-profit entity, a for-profit entity, a private college or university or a public entity not exempted by the Office of the State Comptroller, NYSED must make an affirmative responsibility determination. The factors to be considered include: legal authority to do business in New York State; integrity; capacity- both organizational and financial; and previous performance. Before an award of \$100,000 or greater can be made to a covered entity, the entity will be required to complete and submit a Vendor Responsibility Questionnaire. School districts, Charter Schools, BOCES, public colleges and universities, public libraries, and the Research Foundation for SUNY and CUNY are some of the exempt entities. For a complete list, see:

[http://www.osc.state.ny.us/vendrep/resources\\_docreq\\_agency.htm](http://www.osc.state.ny.us/vendrep/resources_docreq_agency.htm).

NYSED recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at [http://www.osc.state.ny.us/vendrep/vendor\\_index.htm](http://www.osc.state.ny.us/vendrep/vendor_index.htm) or go directly to the VendRep System online at <https://portal.osc.state.ny.us>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at [ciohelpdesk@osc.state.ny.us](mailto:ciohelpdesk@osc.state.ny.us).

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep) or may contact NYSED or the Office of the State Comptroller's Help Desk for a copy of the paper form.

#### **Subcontractors:**

For vendors using subcontractors, a Vendor Responsibility Questionnaire and a NYSED vendor responsibility review are required for a subcontractor where:

- the subcontractor is known at the time of the contract award;

- the subcontractor is not an entity that is exempt from reporting by OSC; and
- the subcontract will equal or exceed \$100,000 over the life of the contract

### **MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISE (M/WBE)**

#### **Participation Goals Pursuant to Article 15-A of the New York State Executive Law**

***The following M/WBE requirements apply when an applicant submits an application for grant funding that exceeds \$25,000 for the full grant period.***

***All forms referenced here can be found in the M/WBE Documents section at the end of this RFP.***

All applicants are required to comply with NYSED's Minority and Women-Owned Business Enterprises (M/WBE) policy. Compliance can be achieved by one of the three methods described below. Full participation by meeting or exceeding the M/WBE participation goal for this grant is the preferred method.

M/WBE participation includes services, materials, or supplies purchased from minority and women-owned firms certified with the NYS Division of Minority and Women Business Development. Not-for-profit agencies are not eligible for this certification. For additional information and a listing of currently certified M/WBEs, see <https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&XID=4687>

The M/WBE participation goal for this grant is 20% 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 total budget, excluding the sum of funds budgeted for:

1. direct personal services (i.e., professional and support staff salaries) and fringe benefits; and
2. rent, lease, utilities and indirect costs, if these items are allowable expenditures.

For multi-year grants, applicants should use the total budget for the full multi-year term of the grants in the above calculation. The M/WBE Goal Calculation Worksheet is provided for use in calculating the dollar amount of the M/WBE goal for this grant application.

M/WBE participation does not need to be the same for each year of a multi-year grant.

All requested information and documentation should be provided at the time of submission. If this cannot be done, the applicant will have thirty days from the date of notice of award to submit the necessary documents and respond satisfactorily to any follow-up questions from the Department. Failure to do so may result in loss of funding.

### **METHODS TO COMPLY**

An applicant can comply with NYSED's M/WBE policy by one of three methods:

1. Full Participation - This is the preferred method of compliance. Full participation is achieved when an applicant meets or exceeds the participation goals for this grant.

#### **COMPLETE FORMS:**

M/WBE Goal Calculation Worksheet

M/WBE Cover Letter

M/WBE 100 Utilization Plan

M/WBE 102 Notice of Intent to Participate

2. Partial Participation - Partial Request for Waiver - This is acceptable only if good faith efforts to achieve full participation are made and documented, but full participation is not possible.

**COMPLETE FORMS:**

M/WBE Goal Calculation Worksheet  
M/WBE Cover Letter  
M/WBE 100 Utilization Plan  
M/WBE 101 Request for Waiver  
M/WBE 102 Notice of Intent to Participate  
M/WBE 105 Contractor's Good Faith Efforts

3. No Participation - Request for Complete Waiver - This is acceptable only if good faith efforts to achieve full or partial participation are made and documented, but do not result in any participation by M/WBE firm(s).

**COMPLETE FORMS:**

M/WBE Goal Calculation Worksheet  
M/WBE Cover Letter  
M/WBE 101 Request for Waiver  
M/WBE 105 Contractor's Good Faith Efforts

**GOOD FAITH EFFORTS**

Applicants must make a good faith effort to solicit NYS certified M/WBE firms as subcontractors and/or suppliers to achieve the goals for this grant. Solicitations may include, but are not limited to: advertisements in minority and women-centered publications; solicitation of vendors found in the NYS Directory of Certified Minority and Women-Owned Business Enterprises (see <https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&XID=4687>); and the solicitation of minority and women-oriented trade and labor organizations.

Good faith efforts include actions such as setting up meetings or announcements to make M/WBEs aware of supplier and subcontracting opportunities, identifying logical areas of the grant project that could be subcontracted to M/WBE firms, and utilizing all current lists of M/WBEs who are available for and may be interested in subcontracting or supplying goods for the project.

Applicants should document their efforts to comply with the stated M/WBE goals and submit this with their applications as evidence. Examples of acceptable documentation can be found in form M/WBE 105, Contractor's Good Faith Efforts. NYSED reserves the right to reject any application for failure to document "good faith efforts."

**REQUEST FOR WAIVER**

When full participation cannot be achieved, applicants must submit a Request for Waiver (M/WBE 101). Requests for Waivers must be accompanied by documentation explaining the good faith efforts made and reasons they were unsuccessful in obtaining M/WBE participation.

NYSED reserves the right to approve the addition or deletion of subcontractors or suppliers to enable applicants to comply with the M/WBE goals, provided such addition or deletion does not impact the technical proposal and/or increase the total budget.

All payments to Minority and Women-Owned Business Enterprise subcontractor(s) should be reported to the NYSED M/WBE Program Unit using the M/WBE 103 Quarterly M/WBE Compliance Report. This report should be submitted on a quarterly basis and can be found at [www.oms.nysed.gov/fiscal/MWBE/forms.html](http://www.oms.nysed.gov/fiscal/MWBE/forms.html).

NYSED's M/WBE Coordinator is available to assist applicants in meeting the M/WBE goals. The Coordinator can be reached at [MWBE@mail.nysed.gov](mailto:MWBE@mail.nysed.gov).

## **Equal Employment Opportunity Reporting (EEO) Pursuant to Article 15-A of the New York State Executive Law**

Applicants must complete and submit form EEO 100: Staffing Plan.

### **PREQUALIFICATION FOR INDIVIDUAL APPLICATIONS**

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which require not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for proposals to be evaluated. Information on these initiatives can be found on the [Grants Reform Website \(http://www.grantsreform.ny.gov/\)](http://www.grantsreform.ny.gov/).

**\*\*\* Proposals received from not-for-profit applicants that have not Registered and are not Prequalified in the Grants Gateway on the proposal due date of 04:00 PM on 03/06/2015 cannot be evaluated. Such proposals will be disqualified from further consideration. \*\*\***

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The [Vendor Prequalification Manual \(http://www.grantsreform.ny.gov/sites/default/files/docs/VENDOR\\_POLICY\\_MANUAL\\_V.2\\_10.10.13.pdf\)](http://www.grantsreform.ny.gov/sites/default/files/docs/VENDOR_POLICY_MANUAL_V.2_10.10.13.pdf) on the Grants Reform Website details the requirements and an [online tutorial \(http://grantsreform.ny.gov/youtube\)](http://grantsreform.ny.gov/youtube) are available to walk users through the process.

#### **1) Register for the Grants Gateway.**

- On the Grants Reform Website, download a copy of the [Registration Form for Administrator \(http://grantsreform.ny.gov/sites/default/files/RegistrationFormforAdministratorfillable.pdf\)](http://grantsreform.ny.gov/sites/default/files/RegistrationFormforAdministratorfillable.pdf). A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.
- If you have previously registered and do not know your Username please email [grantsreform@budget.ny.gov](mailto:grantsreform@budget.ny.gov). If you do not know your Password please click the [Forgot Password \(https://grantsgateway.ny.gov/IntelliGrants\\_NYSGG/PersonPassword2.aspx?Mode=Forgot\)](https://grantsgateway.ny.gov/IntelliGrants_NYSGG/PersonPassword2.aspx?Mode=Forgot) link from the main log in page and follow the prompts.

#### **2) Complete your Prequalification Application.**

- Log in to the [Grants Gateway \(https://grantsgateway.ny.gov/IntelliGrants\\_NYSGG/login2.aspx\)](https://grantsgateway.ny.gov/IntelliGrants_NYSGG/login2.aspx) **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Proposal.
- Specific questions about the prequalification process should be referred to your agency representative at [prequal@mail.nysed.gov](mailto:prequal@mail.nysed.gov) or to the Grants Reform Team at [grantsreform@budget.ny.gov](mailto:grantsreform@budget.ny.gov).

#### **3) Submit Your Prequalification Application**



- After completing your Prequalification Application, click the **Submit Document Vault** Link located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.
- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

**Vendors are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity.**

#### **WORKERS' COMPENSATION COVERAGE AND DEBARMENT**

1. New York State Workers' Compensation Law (WCL) has specific coverage requirements for businesses contracting with New York State and additional requirements which provide for the debarment of vendors that violate certain sections of WCL. The WCL requires, and has required since introduction of the law in 1922, the heads of all municipal and State entities to ensure that businesses have appropriate workers' compensation and disability benefits insurance coverage prior to issuing any permits or licenses, or prior to entering into contracts.
2. Workers' compensation requirements are covered by WCL Section 57, while disability benefits are covered by WCL Section 220(8). The Workers' Compensation Benefits clause in Appendix A – STANDARD CLAUSES FOR NEW YORK STATE CONTRACTS states that in accordance with Section 142 of the State Finance Law, a contract shall be void and of no force and effect unless the contractor provides and maintains coverage during the life of the contract for the benefit of such employees as are required to be covered by the provisions of the WCL. Under provisions of the 2007 Workers' Compensation Reform Legislation (WCL Section 141-b), any person, or entity substantially owned by that person: subject to a final assessment of civil fines or penalties, subject to a stop-work order, or convicted of a misdemeanor for violation of Workers' Compensation laws Section 52 or 131, is barred from bidding on, or being awarded, any public work contract or subcontract with the State, any municipal corporation or public body for one year for each violation. The ban is five years for each felony conviction.
3. Proof of Coverage Requirements
  - a. The Workers' Compensation Board has developed several forms to assist State contracting entities in ensuring that businesses have the appropriate workers' compensation and disability insurance coverage as required by Sections 57 and 220(8) of the WCL.  
Please note – an ACORD form is not acceptable proof of New York State workers' compensation or disability benefits insurance coverage.
4. Proof of Workers' Compensation Coverage
  - a. To comply with coverage provisions of the WCL, the Workers' Compensation Board requires that a business seeking to enter into a State contract submit appropriate proof of coverage to the State contracting entity issuing the contract. For each new contract or contract renewal, the contracting entity must obtain ONE of the following forms from the contractor and submit to OSC to prove the contractor has appropriate workers' compensation insurance coverage:
  - b. Form C-105.2 – Certificate of Workers' Compensation Insurance issued by private insurance carriers, or Form U-26.3 issued by the State Insurance Fund; or
  - c. Form SI-12– Certificate of Workers' Compensation Self-Insurance; or Form GSI-105.2 Certificate of Participation in Workers' Compensation Group Self-Insurance; or
  - d. CE-200– Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage.
5. Proof of Disability Benefits Coverage

To comply with coverage provisions of the WCL regarding disability benefits, the Workers' Compensation Board requires that a business seeking to enter into a State contract must submit appropriate proof of coverage to the State contracting entity issuing the contract. For each new contract or contract renewal, the contracting entity must obtain ONE of the following forms from the contractor and submit to OSC to prove the contractor has appropriate disability benefits insurance coverage:

- a. Form DB-120.1 - Certificate of Disability Benefits Insurance; or
- b. Form DB-155- Certificate of Disability Benefits Self-Insurance; or
- c. CE-200– Certificate of Attestation of Exemption from New York State Workers' Compensation and/or Disability Benefits Coverage.

For additional information regarding workers' compensation and disability benefits requirements, please refer to the New York State Workers' Compensation Board website at:

<http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp>

Alternatively, questions relating to either workers' compensation or disability benefits coverage should be directed to the NYS Workers' Compensation Board, Bureau of Compliance at (518) 486-6307.

#### **XIV. NOT-FOR-PROFIT (NFP) PROMPT CONTRACTING**

Chapter 166 of the Laws of 1991 added Article XI-B (The Prompt Contracting Law) to the State Finance Law promoting prompt contracting with NFP organizations.

More specifically, the Prompt Contracting Law sets time frames for processing contracts and related documents; provides for written directives, waivers of interest, and advances/loans to Not-for-Profits (NFPs) when those time frames cannot be met; and requires interest payments to NFPs when contract payments are late due to untimely processing of contracts and no advance or loan was provided. For information on loans for NFPs from the Short-Term Revolving Loan Fund, refer to Bulletin A-268. This bulletin explains the procedure to follow when contracting with NFPs.

Chapter 648 of the Laws of 1992 made several changes to Article XI-B. The 1992 revisions provided more reasonable time frames for processing local grant awards and federally funded contracts; allowed for State agencies and NFPs to waive interest payments under certain circumstances; eliminated interest penalties for contracts executed and funded in whole or in part for services rendered in a prior fiscal year; and limited the amount of time a State agency may suspend time frames to four and one-half months.

Chapter 292 of the Laws of 2007 added further amendments to Article XI-B. The 2007 amendments prohibit State agencies from requiring NFPs, as a prerequisite of the execution of a contract, to waive claims for interest that would otherwise be due; provide that a contract is deemed to continue, and the contract remains in effect when a State agency does not timely notify an NFP of an intent to terminate the contract; require that any waivers of interest be subject to the Office of the State Comptroller's (OSC's) approval and provide for the calculation and payment of interest to NFPs when OSC non-approves a waiver of interest; require State agencies to report prompt contracting information to OSC for inclusion in annual reports; and expand the NFP contracting advisory committee to sixteen members, require meetings at least quarterly, and expand the scope of the committee's responsibility.

A key objective of the Prompt Contracting Law is to expedite the contract process, and corresponding payments with NFPs to avoid service interruptions and financial hardships for these organizations. OSC advises that State agencies take measures to ensure compliance with the requirements of the Prompt Contracting Law. To this end, State agencies should maximize their use of the standard contract boilerplate, including simplified renewal documents, written directives, and valid waivers of interest when contracting with NFPs.

State agencies utilizing waivers of interest should ensure that the waiver is signed and dated by the NFP, includes an explanation for the retroactive contract start date, and satisfies required time frames set by the law.

Note: The Prompt Contracting Law requirements pertain to all grant contracts with NFPs, including those that fall below the \$50,000 threshold for the Comptroller's prior approval.

Source: OSC A-Bulletin A-316 (update effective November 18, 2009)

## **XV. APPLICATION FOR FUNDING**

Interested institutions must submit one original and **two** copies of the Application for Funding along with a flash drive containing a complete electronic copy of the proposal in one PDF file and a copy of the budget documents (FS-10, Composite Budget, and Budget Narrative) in a separate PDF file. **The original must be clearly identified with original signature (in blue ink) of the CEO or designee.**

A complete Application for Funding consists of the following items in the order indicated:

- A. Cover Page
- B. Table of Contents (including page numbers).
- C. Abstract
- D. Proposal Narrative
- E. The Budget should include:
  - FS-10 budget form (For Non-Profit, and For-Profit Institutions Proposed Budget for a Federal or State Project (FS-10) visit <http://www.oms.nysed.gov/cafe/forms>; the FS-10 will contain expenses for Year 1 only.
  - Composite budget (see Attachment II)
  - Budget narrative which provides explanation and background justification for all expenses entered onto the FS-10. The Budget Narrative justifies all proposed expenditures, which must include details clarifying their nature, and the method of the calculation for each cost. The budget narrative should not exceed 12 pages and should be organized in the order of the categories on the FS-10.
- F. New Payee Information Form (if required)
- G. Statement of Assurances with the original signature of the CEO or designee (Attachment I)
- H. Proposal application checklist (Attachment III)

## **XVI. NARRATIVE FORMAT**

The proposal narrative should describe all 2015-2020 proposed activities in detail that meet the priorities and requirements as stated in this RFP. The completed proposal narrative document should reflect a cohesive program. The maximum length of the proposal narrative is 30 pages, not including attachments. Proposal narratives will not be reviewed beyond the maximum number of pages. The proposal narrative is to be prepared in Calibri, 11 point font, 1.5 spaced, with a standard 1" margin. The name of the institution must appear in the top right corner of each page. A specific format (Attachment I) is requested for the Program Priorities/Requirements, and Measures of Positive Performance Matrix. Clarity, conciseness, completeness, and quality of writing will be evaluated in the proposal review in addition to the specific programmatic information requested in the narrative. Proposals that are presented in the requested format facilitate the review process. Applications that do not follow the format described in this document or that fail to include all information

requested under each major category may lose points. Proposals will be ranked based on their total score. The maximum points available in the narrative section are 75 (A-F, not including G. Budget). A minimum average score of 45 on the narrative section (A-F) is required to be further considered for a grant.

A. Institutional Expertise (5 points)

Describe the institution's expertise and commitment in providing services to similar populations regarding science, technology, engineering, mathematics, and health-related careers, and the licensed professions. (5 pts.)

B. Cooperative Relationships (10 points)

Provide a brief description of the roles and responsibilities of each academic department, professional association, and others who will participate in the proposed project. Specify how each participating party will contribute to the project. Documents that support collaborations should be attached (e.g., MOUs).

1. Describe the level and extent of the involvement of faculty, department chairs, or deans in the planning, implementation, and evaluation of the project. Be specific. For departments that house programs leading to CSTEP-targeted fields, include letters of support from the appropriate academic officer. (2 pts.)
2. Describe how government agencies (e.g. NYSTAR, NYDOH, NSF, NIH), business/industry, and at least one of the professions (See: <http://www.op.nysed.gov/prof/> ) will participate in the planning, implementation, and evaluation of the project. (2 pts.)
3. Describe the planned collaboration with other institutional programs that have similar objectives and goals as CSTEP (i.e. McNair, Alliance for Minority Participation (AMP), Bridges to the Baccalaureate, etc.) Include a letter of support from participating program. (2 pts.)
4. Describe the program's planned involvement in the Statewide and Regional collaborations related to education in the licensed professions, scientific, and technical fields, including the determination and remediation of regional and statewide shortages. (4 pts.)

C. Program Priorities/Requirements and Measures of Positive Performance Matrix (total 45 pts.)

1. The institution should identify the methodology used to indicate which regional or statewide shortage areas they are prioritizing pursuant to Priority V.A.. Describe the activities that will increase recruitment, retention and placement of eligible students in these severe shortage areas. (10 pts.)
2. The institution should identify the methodology used to indicate which eligible students are most in need of increased recruitment and retention emphasis at the institution and the methodology used to demonstrate the level of need, pursuant to Priority V.B. Describe the activities to increase the number of economically disadvantaged and/or historically under-represented students identified by the institution. (10 pts.)
3. Program Requirements and Measures of Positive Performance Matrix: Refer to Attachment I. (25 pts.)

D. Recruitment (5 points)

1. Describe the recruitment process for CSTEP and list the criteria that must be met by each participant in order to be selected for participation in the program (for example, selected majors, GPA, class

year, etc.). These criteria must be in addition to the basic CSTEP ethnic/racial or economic criteria. (2pts.)

2. Describe the process and list the criteria for all special program components, such as internships, etc. List all criteria that will be used to select participants for any component of the program, such as requirements for internships and other field experiences. (2 pts.)
3. Describe how the project will recruit from the pool of eligible statewide STEP students. (1 pt.) The statewide STEP roster can be found at: <http://www.highered.nysed.gov/kiap/step/>

E. Retention (5 pts.)

1. Describe how your program plans to retain students. Discuss how the plan fits as part of the institution's overall retention efforts, how it differs from class level to class level, and how it specifically deals with the selected priority population and scientific and technical shortage areas identified in the Priorities (section V of this RFP).

F. Project Staffing and Management (5 points)

1. Briefly describe all professional positions (full-time and part-time) that will be assigned directly to the project. It is not necessary to identify individuals, but do define the role and scope of designated positions. (2 pts.)
2. Describe a management plan that will assure the effective completion of CSTEP project activities, given the fiscal and other resources available. (**Consortium applicants only:** Demonstrate collaboration in order to establish best practices among consortium partners; describe coordination and maintenance of all reports, student records, and fiscal transactions; describe how the consortium will provide leadership and programmatic oversight of each site. MOUs for each member institution are to be submitted to NYSED and kept on file. It is recommended that the MOUs be submitted with the application; however, funding for project and work cannot commence prior to submission of MOUs each member institution.)(2 pts.)
3. Provide an organization chart that indicates the management structure of the CSTEP program within the institution. (**Consortium applicants only:** Provide an organization chart of the consortium arrangement. Please note that the consortium management plan for the project should include the organizational relationships between headquarters or the lead institution and each member institution.) (1 pt.)

G. Budget/Budget Narrative (25 points)

- The budget narrative shall be a detailed written explanation of the use of state CSTEP funds in each of the expenditures on the FS-10. The budget narrative will ensure that funds are expended for allowable CSTEP activities.
- Complete an FS-10 that shows all expenses requested from CSTEP funds. The FS-10 form may be found at: <http://www.oms.nysed.gov/cafe/forms/> Applications shall include the FS-10 in MS Excel format.
- Complete the CSTEP Composite Budget Form to indicate the proposed expenditures for the project from July 1, 2015 through June 30, 2016. The form must provide complete information and indicate all proposed expenditures from CSTEP, institutional, and other sources for the operation of the project. **All projects must provide at least a 25% match in institutional and/or other non NYS fund sources.**

## XVII. APPLICATION REVIEW AND RATING PROCESS

Applications have a total value of 100 points, 75 for the technical section and 25 for the budget section.

| Section   | Points                                |
|---|---------------------------------------|
| <b>A. Institutional Expertise</b><br>Institutional expertise/efforts  | <b>5</b><br>(5)                       |
| <b>B. Cooperative Relationships</b><br>1. Internal college/university partnerships<br>2. Participation of government agencies, business/ industry and at least one profession.<br>3. Other institutional programs<br>4. Statewide and regional activities | <b>10</b><br>(2)<br>(2)<br>(2)<br>(4) |
| <b>C-1. Program Priorities</b><br>1. Activities that will increase recruitment, retention and placement of eligible students in severe shortage areas<br>2. Activities to increase the number of eligible students most in need at the institution        | <b>20</b><br>(10)<br>(10)             |
| <b>C-2. Program Requirements (Performance Matrix)</b><br>Program Requirements and Measures of Positive Performance  | <b>25</b><br>(25)                     |
| <b>D. Recruitment</b><br>1. Recruitment process for CSTEP<br>2. Process for all special program components<br>3. Recruitment from the pool of eligible statewide STEP students  | <b>5</b><br>(2)<br>(2)<br>(1)         |
| <b>E. Retention</b><br>Description of student retention activities  | <b>5</b><br>(5)                       |
| <b>F. Project Staffing &amp; Management</b><br>1. Position descriptions<br>3. Management plan<br>3. Organizational charts   | <b>5</b><br>(2)<br>(2)<br>(1)         |
| <b>G. Budget –</b><br><b>Not-for Profit applicants – budget narrative</b><br><b>For – Profit applicants - Evaluated by Contract Administration Unit</b>   | <b>25</b>                             |
| <b>TOTAL</b>  | <b>100</b>                            |

## **XVIII. METHOD OF DETERMINING AWARD**

- A minimum average score of 45 on the narrative section is considered passing and required to be further considered for a grant.
- Applicants whose total score averages below 60 points on the 100 point scale of the proposal (for both program narrative and budget/budget narrative score combined) will not be eligible to receive a CSTEP award.

### **Method of Award:**

- a. Awarding of Funds to Not-for-Profit Institutions
  - The Narrative Application scores will be determined by two reviewers. The narrative section is worth a total of 75 points. An applicant must receive a minimum average of 45 points on their Narrative Application in order to be eligible.
  - The budget and budget narrative of each application will also be reviewed and scored by both reviewers. The budget section of the proposal represents 25 points of the final score.
  - The final score used for rank ordering the applications will be the average of the two reviewers' scores for the total of the narrative application and the budget/budget narrative.
  - If, however, the two reviewer's scores show a discrepancy of more than 20 points, the proposal will go to a third reviewer. After the third review, the mathematical average of all three reviewer's scores will be the final score.
  - Applicants whose total score averages below 60 points on the 100 point scale of the proposal (for both program narrative and budget/budget narrative score combined) will not be eligible to receive a CSTEP award.
  - In the event of a tie score, the tie breaker will be the highest score on the Narrative Application.
  - If the scores remain tied after this step, a second tiebreaker will be the applicant with the highest score in the Program Priorities section of the Narrative Application will be ranked higher.
  - All applicants will be funded in rank order until the funds are exhausted. In the event there are insufficient funds to fund the next ranked applicant in full, the next ranked applicant will be given the opportunity to operate a smaller program using the remaining funds.
- b. Awarding of Funds to For-Profit Institutions
  - A maximum of \$400,000 will be set aside for the highest ranking for-profit applicants statewide.
  - For-profit applicants must receive an average passing score of 45 points or more on the Narrative Application in order to be eligible (valued at 75 points total).
  - The budget section of the proposal represents 25 points of the final score.
    - Twenty (20) points will be awarded pursuant to a formula based on per student. It is calculated by dividing the total amount of CSTEP funds requested from NYSED by the number of students proposed to be served by the applicant per year (unduplicated number of students/headcount). This calculation will be computed by the Contract Administration Unit upon completion of the narrative scoring by the CSTEP proposal review panel.
    - The submitted budgets will be awarded points pursuant to a formula which awards the highest score of twenty (20) points to the budget that reflects the lowest cost per student. As noted in the Funding Limitation section, a program may not exceed \$2,000 cost per student. The remaining budgets will be awarded points based on a calculation that computes the relative difference of each proposal against the lowest cost per student submitted. The resulting percentage is then applied to the maximum point value of twenty (20) points.
    - Similarly, five (5) points will be awarded for the highest institutional match (calculated from the Composite budget) per total amount of CSTEP funds requested from NYSED. The remaining budgets will be awarded points based on a calculation that computes the relative difference of each proposal against the highest institutional match. The resulting percentage is then applied to the maximum point value of five (5) points. The total points for the match component are then

added to the cost per student component to achieve the applicant's final cost score. (25 Points total)

- In the event of a tie score, the tie breaker will be the highest score on the Narrative Application.
- If the scores remain tied after this step, a second tiebreaker will be the applicant with the highest score in the Program Priorities section of the Narrative Application will be ranked higher.
- All applicants will be funded in rank order until the funds are exhausted. In the event there are insufficient funds to fund the next ranked applicant in full, the next ranked applicant will be given the opportunity to operate a smaller program using the remaining funds.
- If funds remain after awarding the for-profit applicants, those funds revert to the not-for-profit award method.

## **XIX. NOTIFICATION OF AWARD**

All applicants will be notified in writing regarding the disposition of their proposal. Successful applicants will be informed of the amount of their award and the next steps in the Grant Contract process. Applicants of current programs not recommended to receive a Grant Contract will be notified in writing of the necessary actions needed to close their respective programs. Applicants not recommended for funding may request a summary of reviewer comments (see description in the Debriefing Procedures below).

### **Post Selection Procedures/ Contract Terms and Conditions**

Individual awards issued under this grant proposal will require that the awardee enter into a grant contract, the form of which is contained in an attachment to this RFP. In addition to being signed by the awardee and NYSED Counsel, the contract will need to be submitted for review and approval by the NYS Attorney General and the Office of the State Comptroller. All provisions of this RFP are subordinate to the terms and conditions of the grant contract. The contents of this RFP, any subsequent correspondence related to final contract negotiations, and such other stipulations as agreed upon may be made a part of the final contract developed by NYSED. Successful applicants may be subject to audit and should ensure that adequate controls are in place to document the allowable activities and expenditure of State funds.

### **Debriefing Procedures**

All unsuccessful applicants may request a debriefing within five (5) business days of receiving notice of non-award from NYSED. Applicants may request a debriefing letter on the selection process regarding this RFP by submitting an email request to [CSTEPRFP@nysed.gov](mailto:CSTEPRFP@nysed.gov)

A summary of the strengths and weaknesses of the application, as well as recommendations for improvement will be emailed back to the applicant within ten (10) business days.

## **XX. CONTRACT AWARD PROTEST PROCEDURES**

Applicants who receive a notice of non-award may protest the NYSED award decision subject to the following:

1. The protest must be in writing and must contain specific factual and/or legal allegations setting forth the basis on which the protesting party challenges the contract award by NYSED.
2. Applicants must request a debriefing prior to initiating a Contract Award protest.
3. The protest must be filed within ten (10) business days of receipt of a debriefing. The protest letter must be filed with:



Contract Administration Unit  
89 Washington Avenue  
Room 501W EB  
Albany, NY 12234

4. The NYSED Contract Administration Unit (CAU) will convene a review team that will include at least one staff member from each of NYSED's Office of Counsel, CAU, and the Program Office. The review team will review and consider the merits of the protest and will decide whether the protest is approved or denied. Counsel's Office will provide the applicant with written notification of the review team's decision within seven (7) business days of the receipt of the protest. The original protest and decision will be filed with OSC when the contract procurement record is submitted for approval and CAU will advise OSC that a protest was filed.
5. The NYSED Contract Administration Unit (CAU) may summarily deny a protest that fails to contain specific factual or legal allegations, or where the protest only raises issues of law that have already been decided by the courts.

## CSTEP 2015-2020 Application

### COLLEGIATE SCIENCE AND TECHNOLOGY ENTRY PROGRAM (CSTEP)

#### Cover Page

#### Instructions:

Complete all parts of this form and include it as part of the application. The original and **two** copies of the completed application along with a flash drive containing a complete electronic copy of the proposal in one PDF file and a copy of the budget documents (FS-10, Composite Budget, and Budget Narrative) in a separate PDF file must be postmarked no later than March 6, 2015.

Name of Institution: \_\_\_\_\_

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

Institution Contact: \_\_\_\_\_ Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
(Area code) (Number) (Extension) (Area code) (Number)

E-mail address: \_\_\_\_\_

Projected number of

Program participants : \_\_\_\_\_  
Summer Academic year \*Unduplicated Count

If you are applying as part of a consortium list your member institutions: \_\_\_\_\_  
\_\_\_\_\_

*\*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.*

I hereby certify that I am the applicant'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, Appendix A, Appendix A-1G and that the requested budget amounts are necessary for the implementation of this project. It is understood by the applicant 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 applicant that immediate written notice will be provided to the grant program office if at any time the applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

Name of Person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code) (Number) (Extension)

President name: \_\_\_\_\_

President signature: \_\_\_\_\_ Date: \_\_\_\_\_

Institution Name: \_\_\_\_\_

**Table of Contents**

Institution Name: \_\_\_\_\_

Abstract –

*Provide a brief, precise statement below of the purpose and mission for the program. No other information should be included in the abstract.*

**Programs leading to professional licensure, scientific or technical careers\*:**

List specific majors offered by the institution that lead to professional licensure, **scientific or technical careers** and indicate the number of students who are majoring in each:

| Major leading to licensure, scientific or technical careers | Total Number of Majors<br>(U/G**) | Projected Number of CSTEP<br>students in Major |
|---|-----------------------------------|--|
|   |                                   |  |
|   |                                   |  |
|   |                                   |  |
|   |                                   |  |
|   |                                   |  |
|   |                                   |  |
|   |                                   |  |
|   |                                   |  |

\* Provide data as of Fall 2014

\*\* U = Undergraduate, G = Graduate

To see a list of professions licensed, registered, or certified by the Board of Regents, go to the following website:  
<http://www.op.nysed.gov/prof/>

**Instructions for Addressing Requirements and Measures  
of Positive Performance Matrix**

Using the template found below, provide a separate chart for each requirement. All of the listed requirements must be addressed; omission of any will reduce the number of points awarded.

When completing the requirement charts, be sure to provide all requested information by including the following:

1. Descriptions of activities and/or services for a five year period. Show increasing measures of positive performance in each year. The project must include required activities and/or services. It may also include other activities and/or services designed to achieve program purposes.
2. For each activity and service, indicate the staff that will be responsible for the implementation of each objective.
3. For each activity and/or service, indicate the full-time equivalent (FTE). **Full-time equivalent (FTE)** is a way to measure a worker's involvement in a project, or a student's enrollment at an educational institution. Full-time equivalent for staff is defined as the percent effort for each activity and/or service provided by the worker. An FTE of 1.0 means that the person is equivalent to a full-time worker and spends 100% of his or her time on the project; an FTE of 0.5 signifies that the worker spends half of his or her time serving the project.
4. For each activity and/or service, indicate the level of positive performance you feel the activity and/or service are providing in each year. For example: select Level One = Beginning, Level Two = Developing, Level Three = Proficient (see template below)

| <b>Requirement 1:</b> Provide instructional support in “gateway courses” (i.e., small group tutorials or supplemental instruction in biology, chemistry, physics, calculus, and pre-professional pre-requisite courses) at the freshman and sophomore levels, and tutoring for higher level courses at the junior and senior levels. |   |     |       |   |
|--|---|-----|-------|---|
| Level  | Measure of Positive Performance   |     |       |   |
| <b>Beginning Level<br/>1</b>   | We do not provide instructional support in “gateway courses,” (i.e., small group tutorials or supplemental instruction in biology, chemistry, physics, calculus or pre-professional pre-requisite courses) at the freshman and sophomore levels <b>and</b> we do not provide tutoring for higher level courses at the junior and senior levels. |     |       |   |
| <b>Developing Level<br/>2</b>  | We do provide instructional support in “gateway courses,” (i.e., small group tutorials or supplemental instruction in biology, chemistry, physics, calculus or pre-professional pre-requisite courses) at the freshman and sophomore levels but do not provide tutoring for higher level courses at the junior and senior levels.               |     |       |   |
| <b>Proficient Level<br/>3</b>  | We do provide instructional support in “gateway courses,” (i.e., small group tutorials or supplemental instruction in biology, chemistry, physics, calculus or pre-professional pre-requisite courses) at the freshman and sophomore levels <b>and</b> we also provide tutoring for higher level courses at the junior and senior levels.       |     |       |   |
| Activities/Services  | Staff Responsible   | FTE | Level | Measure of Positive Performance   |
| First Year:  |   |     |       | <u>Describe performance outcomes using qualitative and quantitative measures:</u> |
| Second Year:   |   |     |       | <u>Describe performance outcomes using qualitative and quantitative measures:</u> |
| Third Year:  |   |     |       | <u>Describe performance outcomes using qualitative and quantitative measures:</u> |
| Fourth Year:   |   |     |       | <u>Describe performance outcomes using qualitative and quantitative measures:</u> |
| Fifth Year:  |   |     |       | <u>Describe performance outcomes using qualitative and quantitative measures:</u> |

| <b>Requirement 2:</b> Provide services to enhance and increase students' involvement in research and/or internship opportunities, including, but not limited to, a CSTEP coordinated research/internship experience for each student prior to graduation culminating in either a research project or written summary of internship. |   |     |       |   |
|---|---|-----|-------|---|
| Level   | Measure of Positive Performance   |     |       |   |
| <b>Beginning Level<br/>1</b>  | We are unable to provide services that increase student involvement in research and/or internship.  |     |       |   |
| <b>Developing Level<br/>2</b>   | We encourage our students to learn about research, internship, and/or service learning programs by exposing them to workshops/seminars, on an annual basis.   |     |       |   |
| <b>Proficient Level<br/>3</b>   | We strongly encourage our students to seek out research opportunities, internships in the professions, college level coursework, and/or service learning initiatives. We have established partnerships with research facilities, service learning projects, and private industry. |     |       |   |
| Activities/Services   | Staff Responsible   | FTE | Level | Measure of Positive Performance   |
| First Year:   |   |     |       | <u>Describe performance outcomes using qualitative and quantitative measures:</u> |
| Second Year:  |   |     |       | <u>Describe performance outcomes using qualitative and quantitative measures:</u> |
| Third Year:   |   |     |       | <u>Describe performance outcomes using qualitative and quantitative measures:</u> |
| Fourth Year:  |   |     |       | <u>Describe performance outcomes using qualitative and quantitative measures:</u> |
| Fifth Year  |   |     |       | <u>Describe performance outcomes using qualitative and quantitative measures:</u> |



**Requirement 3:** Provide **student** professional development opportunities: workshops, poster presentations, publications in professional/research that promote access to careers in math, science, technology, health-related fields, and the licensed professions.

| Level                         | Measure of Positive Performance  |     |       |   |
|-------------------------------|--|-----|-------|---|
| <b>Beginning Level<br/>1</b>  | We do not provide any student professional development opportunities including: workshops, poster presentations, publications in professional/research journals and participation in career fairs/student conferences that promote access to careers in math, science, technology, and the licensed professions.             |     |       |   |
| <b>Developing Level<br/>2</b> | We do not provide a full range of student professional development opportunities including: workshops, poster presentations, publications in professional/research journals and participation in career fairs/student conferences that promote access to careers in math, science, technology, and the licensed professions. |     |       |   |
| <b>Proficient Level<br/>3</b> | We provide a full range of student professional development opportunities including: workshops, poster presentations, publications in professional/research journals and participation in career fairs/student conferences that promote access to careers in math, science, technology, and the licensed professions.        |     |       |   |
| Activities/Services           | Staff Responsible  | FTE | Level | Measure of Positive Performance   |
| First Year:                   |  |     |       | <u>Describe performance outcomes using qualitative and quantitative measures:</u> |
| Second Year:                  |  |     |       | <u>Describe performance outcomes using qualitative and quantitative measures:</u> |
| Third Year:                   |  |     |       | <u>Describe performance outcomes using qualitative and quantitative measures:</u> |
| Fourth Year:                  |  |     |       | <u>Describe performance outcomes using qualitative and quantitative measures:</u> |
| Fifth Year:                   |  |     |       | <u>Describe performance outcomes using qualitative and quantitative measures:</u> |

| <b>Requirement 4:</b> Provide program services and activities that include: tutoring, academic counseling, remedial and special summer courses, supplemental financial assistance, recruitment, academic enrichment, career planning, and review for licensing examinations for students pursuing careers in scientific and technical fields and the licensed professions. |  |     |       |   |
|--|--|-----|-------|---|
| Level  | Measure of Positive Performance  |     |       |   |
| <b>Beginning Level<br/>1</b>   | We do not provide program services and activities that include: tutoring, academic counseling, remedial and special summer courses, supplemental financial assistance, recruitment, academic enrichment, career planning, and review for licensing examinations for students pursuing careers in scientific and technical fields and the licensed professions. |     |       |   |
| <b>Developing Level<br/>2</b>  | We are developing program services and activities that include: tutoring, academic counseling, remedial and special summer courses, supplemental financial assistance, recruitment, academic enrichment, career planning, and review for licensing examinations for students pursuing careers in scientific and technical fields and the licensed professions. |     |       |   |
| <b>Proficient Level<br/>3</b>  | We do provide program services and activities that include: tutoring, academic counseling, remedial and special summer courses, supplemental financial assistance, recruitment, academic enrichment, career planning, and review for licensing examinations for students pursuing careers in scientific and technical fields and the licensed professions.     |     |       |   |
| Activities/Services  | Staff Responsible  | FTE | Level | Measure of Positive Performance   |
| First Year:  |  |     |       | <u>Describe performance outcomes using qualitative and quantitative measures:</u> |
| Second Year:   |  |     |       | <u>Describe performance outcomes using qualitative and quantitative measures:</u> |
| Third Year:  |  |     |       | <u>Describe performance outcomes using qualitative and quantitative measures:</u> |
| Fourth Year:   |  |     |       | <u>Describe performance outcomes using qualitative and quantitative measures:</u> |
| Fifth Year:  |  |     |       | <u>Describe performance outcomes using qualitative and quantitative measures:</u> |

| <b>Requirement 5:</b> Describe Day of Service planning, implementation, and assessment for participation by CSTEP students in their local community or the local community of the institution. These events are meant to both bring a highlight to the experience of CSTEP students in education for the licensed professions, scientific, and technical fields, and to provide an opportunity to showcase community collaboration in utilizing the skills learned in the classroom. |  |     |       |   |
|--|--|-----|-------|---|
| Level  | Measure of Positive Performance  |     |       |   |
| <b>Beginning Level<br/>1</b>   | We have not participated in Day-of-Service   |     |       |   |
| <b>Developing Level<br/>2</b>  | We encourage students participate in Day-of-Service activities in their local communities outside of their main academic year.   |     |       |   |
| <b>Proficient Level<br/>3</b>  | We plan and implement Day-of-Service activities between the months of October and May we collaborate with local institutions and local schools to both bring a highlight to the experience of CSTEP students in education for the licensed professions, scientific, and technical fields, and to provide an opportunity to showcase community collaboration. |     |       |   |
| Activities/Services  | Staff Responsible  | FTE | Level | Measure of Positive Performance   |
| First Year:  |  |     |       | <u>Describe performance outcomes using qualitative and quantitative measures:</u> |
| Second Year:   |  |     |       | <u>Describe performance outcomes using qualitative and quantitative measures:</u> |
| Third Year:  |  |     |       | <u>Describe performance outcomes using qualitative and quantitative measures:</u> |
| Fourth Year:   |  |     |       | <u>Describe performance outcomes using qualitative and quantitative measures:</u> |
| Fifth Year:  |  |     |       | <u>Describe performance outcomes using qualitative and quantitative measures:</u> |

|                                |
|--------------------------------|
| <b>STATEMENT OF ASSURANCES</b> |
|--------------------------------|

1. The recipient will, if funded, operate a **Collegiate Science and Technology Entry Program (CSTEP)** as described by this Request for Proposals and within the letter and spirit of all pertinent legislation (Article 130, Section 6455 of the NYS Education Law).
2. Funds from the State CSTEP award will supplement not supplant local expenditures and will not duplicate expenditures from other sources.
3. All activities supported by State CSTEP funds will, to the extent possible, be accessible by persons with disabilities.
4. Upon request, the recipient will provide State Education Department staff access to its records and other sources of information concerning the operation of the CSTEP program.
5. All materials developed in whole or in part with the support of State CSTEP funds, including publicity releases and program announcements whether published in print or on the web, will include the following statement:

**Support for the development and production of this material was provided by a grant under the Collegiate Science and Technology Entry Program administered by the New York State Education Department.**

6. **The State CSTEP funds requested will be used to operate a program to prepare historically underrepresented or economically disadvantaged students for entry into scientific fields, technical fields, and the licensed professions. Students benefiting from these funds will be New York State residents.**  
\*Original signature of Chief Executive Officer or their designee is required.

**CHIEF EXECUTIVE OFFICER CERTIFICATION**

I hereby certify that the information in this application is correct and in total compliance with appropriate State laws and regulations and that the program design will be carried out as described in the application.

Signed\* \_\_\_\_\_ Date \_\_\_\_\_  
(Chief Executive Officer)

Print name and title \_\_\_\_\_

### Vendor Responsibility Questionnaire

Check one of the following:

- ☐ My organization has filed its Vendor Responsibility Questionnaire online via the New York State VendRep System and that the current questionnaire was certified within the past six months.
- ☐ I am including a completed paper copy of the Vendor Responsibility Questionnaire with the bid proposal.
- ☐ My entity is exempt based on the OSC listing.
- ☐ Other, explanation: \_\_\_\_\_

|   |
|---|
| <b>CSTEP 2015-2016 COMPOSITE BUDGET</b> |
|---|

ROUND CENTS TO THE NEAREST DOLLAR

| Line No. | Expenditure Category                    | Code | C/STEP (1) | Institution (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        | <b>SUBTOTAL of Lines 1-6</b>            |      |            |                 |                   |           |
| 8        | Indirect Cost*                          | 90   |            |                 |                   |           |
| 9        | Minor Remodeling                        | 30   |            |                 |                   |           |
| 10       | Equipment                               | 20   |            |                 |                   |           |
| 11       | <b>GRAND TOTAL (Lines 7 - 10)**</b>     |      |            |                 |                   |           |

\*Expenditures for Indirect Cost may not exceed 8% of CSTEP funds (col. 1, line 7). Expenditures for Indirect Cost may not exceed 20% of institutional funds (SUBTOTAL col. 2, line 7). Equipment is not included when computing Indirect Cost.

\*\* The institutional match (GRAND TOTAL col. 2 & 3, line 11) must be at least 25% of the grant award (GRAND TOTAL col. 1, line 11)

**Complete the Proposed Budget FS-10 which may be found in Excel format at:**

<http://www.oms.nysed.gov/cafe/forms/>

**Complete a Payee Information form/NYSED Substitute W-9 as necessary**

Payee Information Form/NYSED Substitute W-9 – The Payee Information Form is a packet containing the Payee Information Form itself and an accompanying NYSED Substitute W-9. The NYSED Substitute W-9 may or may not be needed from your agency. Please follow the specific instructions provided with the form. The Payee Information Form is used to establish the identity of the applicant organization and enables it to receive federal (and/or State) funds through the NYSED. A Payee Information (or PI) form is required from grant/Request for Proposals applicants that have not previously received grant funding from the Department. The form is submitted with the grant application. A new form must also be submitted when an agency's payment address changes. The form may also be found at:

<http://www.oms.nysed.gov/cafe/forms/>

## 2015-2020 Proposal Application Checklist

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

Listed below are the components of a complete application package, in the order they should appear. Use this checklist to ensure that your application submission is in compliance with the application requirements. The checklist must be included with proposal application.

| <u>Request for Proposal Sections</u> |  | <u>Checked-Applicant</u> | <u>Checked-SED</u>       |
|--------------------------------------|--|--------------------------|--------------------------|
| A.                                   | 2015-2020 Cover page/Application for Funding<br>(Original signature required)  | <input type="checkbox"/> | <input type="checkbox"/> |
| B.                                   | Proposal Application Checklist   | <input type="checkbox"/> | <input type="checkbox"/> |
| C.                                   | Is the applicant Pre-Qualified?<br>(While not an application component, the applicant must be prequalified in order to be eligible for this grant opportunity) | <input type="checkbox"/> | <input type="checkbox"/> |
| D.                                   | Table of Contents  | <input type="checkbox"/> | <input type="checkbox"/> |
| E.                                   | Abstract   | <input type="checkbox"/> | <input type="checkbox"/> |
| F.                                   | Proposal Narrative   | <input type="checkbox"/> | <input type="checkbox"/> |
| G.                                   | Statement of Assurances<br>(Original Signature Required)   | <input type="checkbox"/> | <input type="checkbox"/> |
| F.                                   | Vendor Responsibility Questionnaire<br>(Acknowledgement of Completion)   | <input type="checkbox"/> | <input type="checkbox"/> |
| G.                                   | 2015-2016 Proposed Budget Form FS-10<br>and written budget narrative   | <input type="checkbox"/> | <input type="checkbox"/> |
| H.                                   | CSTEP Composite Budget   | <input type="checkbox"/> | <input type="checkbox"/> |
| I.                                   | New Payee Information PI-1 Form<br>If necessary<br>(Original signature required)   | <input type="checkbox"/> | <input type="checkbox"/> |
| J.                                   | Workers Compensation Documentation (encouraged)  | <input type="checkbox"/> | <input type="checkbox"/> |
| K.                                   | Disability Benefits Documentation (encouraged)   | <input type="checkbox"/> | <input type="checkbox"/> |



|   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| <b>M/WBE Documents Package (original signatures required)</b>   |                          |                          |                          |
| <input type="checkbox"/> Full Participation <input type="checkbox"/> Request Partial Waiver <input type="checkbox"/> Request Total Waiver   |                          |                          |                          |
|   | <b>Forms Required</b>    |                          |                          |
| Type of Form  | Full Participation       | Request Partial Waiver   | Request Total Waiver     |
| Calculation of M/WBE Goal Amount  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M/WBE Cover Letter  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>M/WBE 100</b> Utilization Plan   | <input type="checkbox"/> | <input type="checkbox"/> | N/A                      |
| <b>M/WBE 102</b> Notice of Intent to Participate  | <input type="checkbox"/> | <input type="checkbox"/> | N/A                      |
| <b>M/WBE 105</b> Contractor's Good Faith Efforts  | N/A                      | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>M/WBE 101</b> Request for Waiver Form and Instructions   | N/A                      | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>EEO 100</b> Staffing Plan and Instructions   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>SED Comments:</b><br><br>Has the applicant complied with the application instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><br>SED Reviewer: _____ Date: _____ |                          |                          |                          |

PROPOSAL REVIEW CRITERIA  
COLLEGIATE SCIENCE AND TECHNOLOGY ENTRY PROGRAM  
2015-2020

**FOR USE BY NYSED APPLICATION REVIEW COMMITTEE**

Name of Institution \_\_\_\_\_

Proposal Number \_\_\_\_\_

Date Sent to Reviewer: \_\_\_\_\_

Reviewer: \_\_\_\_\_  
(Print Name Signature)

Narrative Application Score: \_\_\_\_\_ Total Score: \_\_\_\_\_

Please rate and provide detailed comments for each category at the end of the review sheet. Indicate strengths and weaknesses of this proposal and make suggestions for improvement. State your concerns and recommendations clearly because they may be presented to the proposing institution/entity for a response. Further, comments and concerns will be helpful to Collegiate Science and Technology Entry Program staff as they provide technical assistance to improve and enhance funded programs. If you need additional space, please feel free to staple additional pages to this form and indicate the item to which each comment refers.

|                        |
|------------------------|
| Stamp Date<br>Returned |
|------------------------|

**CSTEP Reviewer's Criteria**

|  | Excellent<br>(Max<br>Score) | Good | Fair | Poor | Not<br>Found | Your<br>Rating |
|--|-----------------------------|------|------|------|--------------|----------------|
| <b>A. Institutional Expertise [5 Points]</b>   |                             |      |      |      |              |                |
| 1. Describe the institution's expertise and commitment in providing services to similar populations regarding science, technology, engineering, mathematics, and health-related careers, and the licensed professions. | 5                           | 4    | 3    | 2    | 0            |                |
| SUBTOTAL   |                             |      |      |      |              |                |
| <b>Comments:</b>   |                             |      |      |      |              |                |

**CSTEP Reviewer's Criteria**

|  | Excellent<br>(Max<br>Score) | Good | Fair | Poor | Not<br>Found | Your<br>Rating |
|--|-----------------------------|------|------|------|--------------|----------------|
| <b>B. Cooperative Relationships [10 points]</b>  |                             |      |      |      |              |                |
| 1. Describe the level and extent of the involvement of faculty, department chairs, or deans in the planning, implementation, and evaluation of the project. Be specific. For departments that house programs leading to CSTEP-targeted fields, include letters of support from the appropriate academic officer. | 2                           | 1    | .5   | .25  | 0            |                |
| 2. a.2. Describe how government agencies (e.g. NYSTAR, NYDOH, NSF, NIH), business/industry, and at least one of the professions (See: <a href="http://www.op.nysed.gov/prof/">http://www.op.nysed.gov/prof/</a> ) will participate in the planning, implementation, and evaluation of the project.               | 2                           | 1    | .5   | .25  | 0            |                |
| 3. b.3. Describe the planned collaboration with other institutional programs that have similar objectives and goals as CSTEP (i.e. McNair, Alliance for Minority Participation (AMP), Bridges to the Baccalaureate, etc.) Include a letter/MOU from participating program.                                       | 2                           | 1    | .5   | .25  | 0            |                |
| 4. c.4. Describe the program's planned involvement in the Statewide and Regional collaborations related to education in the licensed professions, scientific, and technical fields, including the determination and remediation of regional and statewide shortages.   | 4                           | 2    | 1    | .5   | 0            |                |
| SUBTOTAL   |                             |      |      |      |              |                |
| <b>Comments:</b>   |                             |      |      |      |              |                |

**CSTEP Reviewer's Criteria**

|   | Excellent<br>(Max<br>Score) | Good | Fair | Poor | Not<br>Found | Your<br>Rating |
|---|-----------------------------|------|------|------|--------------|----------------|
| <b>C-1. <i>Priority 1:</i></b> Describe the activities that will increase recruitment, retention and placement of eligible students in severe shortage areas pursuant to Priority V.A.<br>[10 points] |                             |      |      |      |              |                |
| 1. The applicant describes the methodology used to identify shortage areas that support program priorities.   | 5                           | 4    | 3    | 2    | 0            |                |
| 2. The applicant describes the activities and services that support program priorities.   | 5                           | 4    | 3    | 2    | 0            |                |
| SUBTOTAL  |                             |      |      |      |              |                |
| <b>Comments:</b>  |                             |      |      |      |              |                |

**CSTEP Reviewer's Criteria**

|  | Excellent<br>(Max<br>Score) | Good | Fair | Poor | Not<br>Found | Your<br>Rating |
|--|-----------------------------|------|------|------|--------------|----------------|
| <b>C-1. <i>Priority 2:</i></b> Describe the activities to increase access to the number of eligible students that are most in need at the institution, pursuant to Priority V.B. [10 points] |                             |      |      |      |              |                |
| 1. The applicant describes methodologies used to identify students most in need to increase access to the number of eligible students that support program requirements.                     | 4                           | 3    | 2    | 1    | 0            |                |
| 2. The applicant describes the activities and services used to increase access to the number of eligible students that support program requirements.   | 6                           | 4    | 2    | 1    | 0            |                |
| <b>SUBTOTAL</b>  |                             |      |      |      |              |                |
| <b>Comments:</b>   |                             |      |      |      |              |                |

**CSTEP Reviewer's Criteria**

|   | <i>Excellent<br/>(Max<br/>Score)</i> | <i>Good</i> | <i>Fair</i> | <i>Poor</i> | <i>Not<br/>Found</i> | <i>Your Rating</i> |
|---|--------------------------------------|-------------|-------------|-------------|----------------------|--------------------|
| <b>C-2. Requirement 1:</b> Instructional support in “gateway courses” (i.e., small group tutorials or supplemental instruction in biology, chemistry, physics, calculus, and pre-professional pre-requisite courses) at the freshman and sophomore levels, and tutoring for higher level courses at the junior and senior levels. <b>[5 points]</b> |                                      |             |             |             |                      |                    |
| 1. The applicant describes activities and services that support program requirements.   | 3                                    | 2           | 1           | .5          | 0                    |                    |
| 2. The applicant describes the performance criteria and how positive performance will be verified.  | 2                                    | 1           | .5          | .25         | 0                    |                    |
| SUBTOTAL  |                                      |             |             |             |                      |                    |
| <b>Comments:</b>  |                                      |             |             |             |                      |                    |

**CSTEP Reviewer's Criteria**

|   | Excellent<br>(Max<br>Score) | Good | Fair | Poor | Not<br>Found | Your<br>Rating |
|---|-----------------------------|------|------|------|--------------|----------------|
| <b>C-2. Requirement 2:</b> Provide services to enhance and increase students' involvement in research and/or internship opportunities, including, but not limited to, a CSTEP coordinated research/internship experience for each student prior to graduation culminating in either a research project or written summary of internship.<br><b>[5 points]</b> |                             |      |      |      |              |                |
| 1. The applicant describes activities and services that support program requirements.   | 3                           | 2    | 1    | .5   | 0            |                |
| 2. The applicant describes the performance criteria and how positive performance will be verified.  | 2                           | 1    | .5   | .25  | 0            |                |
| SUBTOTAL  |                             |      |      |      |              |                |
| <b>Comments:</b>  |                             |      |      |      |              |                |



**CSTEP Reviewer's Criteria**

|   | Excellent<br>(Max<br>Score) | Good | Fair | Poor | Not<br>Found | Your<br>Rating |
|---|-----------------------------|------|------|------|--------------|----------------|
| <b>C-2. Requirement 3:</b> Provide <b>student</b> professional development opportunities: workshops, poster presentations, publications in professional/research that promote access to careers in math, science, technology, health-related fields, and the licensed professions.<br><b>[5 points]</b> |                             |      |      |      |              |                |
| 1. The applicant describes activities and services that support program requirements.   | 3                           | 2    | 1    | .5   | 0            |                |
| 2. The applicant describes the performance criteria and how positive performance will be verified.  | 2                           | 1    | .5   | .25  | 0            |                |
| SUBTOTAL  |                             |      |      |      |              |                |
| <b>Comments:</b>  |                             |      |      |      |              |                |

**CSTEP Reviewer's Criteria**

|   | Excellent<br>(Max<br>Score) | Good | Fair | Poor | Not<br>Found | Your<br>Rating |
|---|-----------------------------|------|------|------|--------------|----------------|
| <b>C-2. Requirement 4:</b> Provide program services and activities that include: tutoring, academic counseling, remedial and special summer courses, supplemental financial assistance, recruitment, academic enrichment, career planning, and review for licensing examinations for students pursuing careers in scientific and technical fields and the licensed professions. <b>[5 points]</b> |                             |      |      |      |              |                |
| 1. The applicant describes activities and services that support program requirements.   | 3                           | 2    | 1    | .5   | 0            |                |
| 2. The applicant describes the performance criteria and how positive performance will be verified.  | 2                           | 1    | .5   | .25  | 0            |                |
| SUBTOTAL  |                             |      |      |      |              |                |
| <b>Comments:</b>  |                             |      |      |      |              |                |

**CSTEP Reviewer's Criteria**

|  | Excellent<br>(Max<br>Score) | Good | Fair | Poor | Not<br>Found | Your<br>Rating |
|--|-----------------------------|------|------|------|--------------|----------------|
| <b>C-2. Requirement 5:</b> Describe Day of Service planning, implementation, and assessment for participation by CSTEP students in their local community or the local community of the institution. These events are meant to both bring a highlight to the experience of CSTEP students in education for the licensed professions, scientific, and technical fields, and to provide an opportunity to showcase community collaboration in utilizing the skills learned in the classroom.<br><b>[5 points]</b> |                             |      |      |      |              |                |
| 1. The applicant describes activities and services that support program requirements.  | 3                           | 2    | 1    | .5   | 0            |                |
| 2. The applicant describes the performance criteria and how positive performance will be verified.   | 2                           | 1    | .5   | .25  | 0            |                |
| SUBTOTAL   |                             |      |      |      |              |                |
| <b>Comments:</b>   |                             |      |      |      |              |                |

**CSTEP Reviewer's Criteria**

|  | Excellent<br>(Max<br>Score) | Good | Fair | Poor | Not<br>Found | Your<br>Rating |
|--|-----------------------------|------|------|------|--------------|----------------|
| <b>D. Recruitment [5 points]</b>   |                             |      |      |      |              |                |
| 1. Describe the recruitment process for CSTEP and list the criteria that must be met by each participant in order to be selected for participation in the program (for example, selected majors, GPA, class year, etc.). These criteria must be in addition to the basic CSTEP ethnic/racial or economic criteria. | 2                           | 1    | .5   | .25  | 0            |                |
| 2. Describe the process and list the criteria for all special program components, such as internships, etc. List all criteria that will be used to select participants for any component of the program, such as requirements for internships and other field experiences.   | 2                           | 1    | .5   | .25  | 0            |                |
| 3. Describe how the project will recruit from the pool of eligible statewide STEP students.  | 1                           | .75  | .5   | .25  | 0            |                |
| SUBTOTAL   |                             |      |      |      |              |                |
| <b>Comments:</b>   |                             |      |      |      |              |                |

**CSTEP Reviewer's Criteria**

|  | Excellent<br>(Max<br>Score) | Good | Fair | Poor | Not<br>Found | Your<br>Rating |
|--|-----------------------------|------|------|------|--------------|----------------|
| <b>E. Retention [5 points]</b>   |                             |      |      |      |              |                |
| 1. Applicant describes strategies and activities used to retain CSTEP students and how the plan fits as part of the institution's overall retention efforts. | 2                           | 1    | .50  | .25  | 0            |                |
| 2. Applicant describes student tracking by class level.  | 2                           | 1    | .50  | .25  | 0            |                |
| 3. Applicant describes the selected priority population and scientific and technical shortage areas identified in the Priorities.                            | 1                           | .75  | .50  | .25  | 0            |                |
| SUBTOTAL   |                             |      |      |      |              |                |
| <b>Comments:</b>   |                             |      |      |      |              |                |

**CSTEP Reviewer's Criteria**

|   | Excellent<br>(Max<br>Score) | Good | Fair | Poor | Not<br>Found | Your<br>Rating |
|---|-----------------------------|------|------|------|--------------|----------------|
| <b>F. Project Staffing and Management [5 points]</b>  |                             |      |      |      |              |                |
| 1. Applicant describes all professional positions (full-time and part-time) that will be assigned directly to the project.  | 2                           | 1    | .5   | .25  | 0            |                |
| 2. Applicant describes a management plan that will assure the effective completion of CSTEP project activities, given the fiscal and other resources available. <b>(Consortium applicants only:</b> Demonstrate collaboration in order to establish best practices among consortium partners. Describe how the consortium will provide leadership and programmatic oversight of each site. Describe coordination and maintenance of all reports, student records, and fiscal transactions.) | 2                           | 1    | .5   | .25  | 0            |                |
| 3. Provide an organization chart that indicates the management structure of the CSTEP program within the institution. <b>(Consortium applicants only:</b> Provide an organization chart of the consortium arrangement.)   | 1                           | .75  | .5   | .25  | 0            |                |
| SUBTOTAL  |                             |      |      |      |              |                |
| <b>Comments:</b>  |                             |      |      |      |              |                |

**TECHNICAL PROPOSAL RATING SCORE**

**Proposal narrative score:**

|             |  |       |                  |
|-------------|--|-------|------------------|
| A.          | Institutional Expertise                                      | _____ | (5 pt. max)      |
| B.          | Cooperative Relationships                                    | _____ | (10 pt. max)     |
| C-1.        | Program Priorities   | _____ | (20 pt. max)     |
| C-2.        | Program Requirements<br>And Measures of Positive Performance | _____ | (25 pt. max)     |
| D.          | Recruitment  | _____ | (5pt. max)       |
| E.          | Retention  | _____ | (5 pt. max)      |
| F.          | Project Staffing/Management                                  | _____ | (5 pt. max)      |
| Total A-F = |  | _____ | 75 pts. Maximum) |

| <b>FISCAL VIABILITY 25 POINTS</b><br><b>APPLIES TO NOT-FOR-PROFIT INSTITUTIONS ONLY</b><br><b>FROM THE COMPOSITE BUDGET, FS-10 AND BUDGET NARRATIVE</b>  |                  |             |             |             |                  |
|--|------------------|-------------|-------------|-------------|------------------|
| <u>Standard</u>  | <u>Excellent</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> | <u>Not Found</u> |
|  | 5 Points         | 4 Points    | 2.5 Points  | 1 Point     | 0                |
| Description and justification of the costs in Professional and Support Service staffing (all items are appropriately budgeted and clearly supported as essential to the operation of CSTEP)      |                  |             |             |             |                  |
| Description and justification of the expenses in the Purchased Services category (all items are appropriately budgeted and clearly supported and are allowable costs for the operation of CSTEP) |                  |             |             |             |                  |
| Description and justification of the   |                  |             |             |             |                  |



|  |  |  |  |  |  |
|--|--|--|--|--|--|
| expenses in the Supplies and Materials category (all items are appropriately budgeted and clearly supported and are allowable costs for the operation of CSTEP)                      |  |  |  |  |  |
| Description and justification of the expenses in the Travel category (all items are appropriately budgeted and clearly supported and are allowable costs for the operation of CSTEP) |  |  |  |  |  |
| Description and justification of the amount and categories of the institutional match as found on the Composite Budget.  |  |  |  |  |  |
| <b>Instructions:</b> Enter Score   |  |  |  |  |  |

**Comments:**

|   |                        |              |
|---|------------------------|--------------|
| <b>FISCAL VIABILITY NON-PROFIT INSTITUTIONS [25]</b>        | <b>Possible Points</b> | <b>Score</b> |
| Staffing  | 5                      |              |
| Purchased Services Expenses                                 | 5                      |              |
| Supplies and Materials                                      | 5                      |              |
| Travel  | 5                      |              |
| Institutional Match   | 5                      |              |
| <b>Total Fiscal Viability NON-PROFIT INSTITUTIONS</b>       | <b>25</b>              | <b>_____</b> |
| <b>PART 3 FISCAL VIABILITY FOR PROFIT INSTITUTIONS [25]</b> |                        |              |
|   | <b>Possible Points</b> | <b>Score</b> |
| Best Value Total State Grant Cost                           | 20                     |              |
| Best Value Institutional Match                              | 5                      |              |
| <b>Total Fiscal Viability FOR-PROFIT INSTITUTIONS</b>       | <b>25</b>              | <b>_____</b> |
| <b>Total Fiscal Viability</b>                               | <b>25</b>              |              |

|                          |            |  |
|--------------------------|------------|--|
| <b>GRAND TOTAL</b>       |            |  |
| Proposal Narrative       | 75         |  |
| Budget                   | 25         |  |
| <b>GRAND TOTAL SCORE</b> | <b>100</b> |  |

## M/WBE Documents

### M/WBE Goal Calculation Worksheet

(This form should reflect Multi-Year Budget Summary Totals)

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

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

The M/WBE participation for this grant is 20% 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 grant application.

|     | Budget Category                                  | Amount budgeted<br>for items excluded<br>from M/WBE<br>calculation | Totals |
|-----|--|--|--------|
| 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,<br>and 6                |  |        |
| 8.  | Line 1 minus Line 7                              |  |        |
| 9.  | M/WBE Goal percentage<br>(20%)                   |  | 0.20   |
| 10. | Line 8 multiplied by Line<br>9 =MWBE goal amount |  |        |

\*If not included in #5

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

## 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<br/>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**

**M/WBE 105A**

## 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):**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>MBE Waiver</b> - A waiver of the MBE goal for this procurement is requested.<br><div style="display: flex; justify-content: space-around; margin-top: 10px;"><span><input type="checkbox"/> <b>Total</b></span><span><input type="checkbox"/> <b>Partial</b> _____%</span></div> | <input type="checkbox"/> <b>WBE Waiver</b> - A waiver of the WBE goal for this procurement is requested.<br><div style="display: flex; justify-content: space-around; margin-top: 10px;"><span><input type="checkbox"/> <b>Total</b></span><span><input type="checkbox"/> <b>Partial</b> _____%</span></div> |
|--|--|

☐ **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:  | <b>FOR AUTHORIZED USE ONLY</b>  |
| TITLE OF PREPARER: | REVIEWED BY: _____  |
| TELEPHONE:         | DATE: _____   |
| EMAIL:             | <b>WAIVER GRANTED</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b><br><div style="display: flex; justify-content: space-between; margin-top: 5px;"><span><input type="checkbox"/> <b>TOTAL WAIVER</b></span><span><input type="checkbox"/> <b>PARTIAL WAIVER</b></span></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><span><input type="checkbox"/> <b>ESD CERTIFICATION WAIVER</b></span><span><input type="checkbox"/> <b>NOTICE OF DEFICIENCY</b></span></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><span><input type="checkbox"/> <b>CONDITIONAL WAIVER</b></span><span></span></div> <div style="margin-top: 5px;">COMMENTS:</div> |

## 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.**

## 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): \_\_\_\_\_

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

NAME AND TITLE OF

PREPARER: \_\_\_\_\_

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

(Print or type)

## 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.