

4201 Capital Grant Program
State-Supported Schools for the Blind and Deaf Facility Grant Program
Request for Applications (RFA)

Legislative Authority	The 2021-22 Enacted Budget provided \$30 million in capital funds for the alteration, rehabilitation and improvement of various facilities operated by the State-supported Schools for the Blind and Deaf authorized under Article 85 of the Education Law.
Purpose of Grant	The appropriation requires that funds be prioritized for health and safety needs and apportioned based on a plan developed by the State Education Department (SED) and approved by the Division of the Budget (DOB). This RFA represents such approved plan.
Anticipated Project Period	Start Date: 04/1/2024 End Date: 03/31/2029
Eligible Applicants	See list of Eligible Applicants below
Amount of Funding	<p>\$30 million will be awarded for eligible projects pursuant to this RFA.</p> <ul style="list-style-type: none"> • \$12.5 million will be allocated for projects totaling \$500,000 or more. • \$12.5 million will be allocated for projects under \$500,000. <p>Emergency Set Aside Reserve</p> <ul style="list-style-type: none"> • \$5 million will be allocated as a reserve for emergency projects. See below for definition and application procedures.
Application Due Date and submission	The complete grant application form (which can be found on the P-12 Funding Opportunities web page) and all necessary supporting documents must be filed and sent electronically via email to 4201CapitalGrant2@nysed.gov no later than November 3, 2023 .
Questions and Answers	All questions must be submitted via email to 4201CapitalGrant2@nysed.gov by September 22, 2023. A complete list of all Questions and Answers will be posted on the P-12 Funding Opportunities web page no later than October 6, 2023.
Pre-qualification Requirement	Proposals received from nonprofit applicants that are not Prequalified in the Grants Gateway by 5:00 PM on the proposal due date of November 3, 2023 cannot be evaluated. Such proposals will be disqualified from further consideration. Please see the "Prequalification Requirement" section for additional information.

Non-Mandatory Notice of Intent	The Notice of Intent (NOI) is not a requirement for submitting a complete application by the application date; however, NYSED strongly encourages all prospective applicants to submit an NOI to ensure a timely and thorough review and rating process. A non-profit applicant's NOI will also help to facilitate timely review of their prequalification materials. The notice of intent is a simple email notice stating your organization's (use the legal name) intent to submit an application for this grant. Please also include your organization's NYS Vendor ID. The due date is October 11, 2023. Please send the NOI to 4201CapitalGrant2@nysed.gov .
NYSED Designated Contacts	Program: Jaime Byron, Francis Kramer Fiscal: Adam Kutryb M/WBE: Brian Hackett 4201CapitalGrant2@nysed.gov

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State-Supported Schools for the Blind and Deaf Facility Grant Program Request for Applications (RFA)

Program Overview:

The 2021-22 Enacted Budget provided \$30 million in capital funds for the alteration, rehabilitation and improvement of various facilities operated by the State-supported Schools for the Blind and Deaf authorized under Article 85 of the Education Law. The appropriation requires that funds be prioritized for health and safety needs and apportioned based on a plan developed by the State Education Department (SED) and approved by the Division of the Budget (DOB). This RFA represents such approved plan.

Eligible Applicants:

- Cleary School for the Deaf
- Henry Viscardi School
- Lavelle School for the Blind
- Lexington School for the Deaf
- Mill Neck Manor School for the Deaf
- New York Institute for Special Education
- New York School for the Deaf
- Rochester School for the Deaf
- St. Francis de Sales School for the Deaf
- St. Joseph School for the Deaf
- St. Mary's School for the Deaf

RFA Questions and Clarifications:

All questions or requests for clarification concerning this RFA must be submitted to the Designated Contacts by email at 4201CapitalGrant2@nysed.gov by the dates listed above. The questions and answers will be posted on SED's website and will be limited to addressing only those questions submitted by the deadline. No questions will be answered by telephone or in person.

Reservations:

\$30 million will awarded for eligible projects pursuant to this RFA.

- \$12.5 million will be allocated for projects totaling \$500,000 or more.
- \$12.5 million will be allocated for projects under \$500,000.

Emergency Set Aside Reserve

- \$ 5 million will be allocated as a reserve for emergency requests.

Request Guidelines:

For each identified project, schools must complete an application. The application requires schools to address the following: assignment of a unique sequential priority number to each proposed project (1 being the highest priority); a description of the proposed project; the health and safety issue(s) to be addressed by the project; the age, remaining useful life, and condition of the building equipment or systems requiring alteration, rehabilitation or improvement; the expected useful life of the proposed new building equipment or system; the overall cost of the project, including State, and if applicable (but not required) school/other funding source share; a detailed cost breakout; and project milestones and timeframe for completion.

Schools must assign each application a project priority number (i.e., priority #1, 2...) based on the most critical and immediate health and safety needs of the school.

Projects not assigned a priority number will not be considered unless only one project is submitted by the applicant.

Schools shall provide any relevant supporting documentation (e.g., code violations, inspection reports, maintenance/repair logs) to demonstrate the need for such project. Submit any relevant supporting documentation in PDF format and attach to the grant funding application transmittal email. Clearly label the PDF documents with the school name and project priority number.

For multi-faceted projects intended to address more than one issue or need, schools are strongly encouraged to separately request and prioritize individual project components within separate applications to the extent practicable to ensure that the most critical elements may be considered.

Schools must provide a total project budget for each application, including the amount of State funds requested for that project through this RFA. Although not required, additional non-State funding may be identified by the applicant if such funding is available to support project costs. The availability of non-State resources will not be considered in the scoring of applications; however, partial funding will not be provided for a requested project unless a school can demonstrate that such project can be completed with other funding sources.

Examples of eligible projects include, but are not limited to, repair or replacement of interior and exterior systems such as a roof, building envelope, water drainage or sewage system; repair or replacement of building mechanical systems such as a heating, cooling, and building ventilation system; systems to mitigate poor

indoor air or water quality; repair or replacement of plumbing or electrical systems; repair or replacement of other unsafe building conditions needing immediate attention; alterations, rehabilitation or improvements needed to comply with the Americans with Disabilities Act (ADA); alterations, rehabilitation or improvements for building emergency systems, such as emergency exit and egress pathways, fire alarm or fire suppression systems, access controls and door hardening, electrical system hazards; flooding protection hazards and mechanical system hazards needing immediate attention; and renovations required as a result of the abatement or removal of hazardous materials such as mold or asbestos.

The following project attributes and project costs are **not** eligible for funding and may not be included in this request:

- costs associated with the operations of the school (e.g., salary, fringe benefits, maintenance, building lease/rent, debt service, real estate taxes or property insurance, utility costs);
- an application with total budgeted building construction costs less than \$10,000;
- new school and/or dorm construction;
- land purchase;
- furniture;
- vehicles;
- aesthetic, beautification or landscaping projects;
- purchase of equipment or systems with a useful life of less than 10 years;
- projects that have already been awarded or have been completed;
- rehabilitation, alteration or improvement to leased property if the useful life of the renovation, alteration or improvement exceeds the term of the lease from the date equipment/system is expected to be installed;
- rehabilitation, alteration or improvement to space that is not currently or planned to be occupied by students attending the school (e.g., administrative offices, conference rooms, faculty lounge, outbuildings), unless the alteration of such space is incidental to a larger project intended primarily to benefit students (e.g., building-wide HVAC or roofing projects are permissible).

Emergency Projects:

The 4201 Capital Grant program will reserve and award grants up to \$5 million to support emergency projects. All eligible applicants are eligible to apply whenever an emergency occurs. Emergency grant applications must be submitted within thirty days of the emergency unless extenuating circumstances preclude this. The emergency grant due date is based on the date of the emergency, and these applications are reviewed separately as they occur. If you experience an

emergency, contact 4201CapitalGrant2@nysed.gov or 518-474-3906 immediately.

Definition of Emergency

For the purposes of the 4201 grant, an emergency is defined by the General Municipal Law as an accident or other unforeseen occurrence or condition affecting public buildings, public property, or life, health, safety or property and prohibits the legal occupancy of the building. Schools must seek reimbursement from their property insurance to determine the extent the emergency work is covered by their policy. The potential amount of Emergency Grant award will be net of any insurance reimbursement and backup documentation will be required. Where an emergency exists, the school may attempt to find a contractor without complying with formal competitive bidding requirements. However, the school should make a reasonable attempt to obtain at least three written quotes. A school's failure to properly plan in advance – which then results in a situation where normal practices cannot be followed – does not constitute an emergency.

The maximum amount for an emergency request grant is \$450,000.

Application Guidance:

An application must be submitted by email to 4201CapitalGrant2@nysed.gov for each project using the grant application form available at the on the [P-12 Funding Opportunities web page](#). There is no limitation on the number of project applications a school may submit. However, a school may only submit one complete grant application electronic form (MS Excel) to SED for review and scoring. If a school wishes to submit more than one project application, additional applications should be added as a new tab within the electronic form. Each tab name should include the priority number of the project. In addition, applicants must submit a hard copy of the application cover page with an original signature of the Chief Administrative Officer.

Project requests that are not received by the application deadline will not be considered.

Instructions for completing Emergency Applications

For Emergency applications, it is not necessary to meet all of the criteria listed in the various narrative sections. The following forms must be submitted with the appropriate signatures, as either Word documents or PDFs:

- Facility Grant Program EMERGENCY Application in Excel/PDF including budget, and questions answered.
- Backup documentation indicating submission to insurance company and the company's response indicating coverage amount.

- Three written quotes (be sure the quotes are detailed)
- Any other supporting documents deemed necessary by the school to support the emergency request

Send all documentation to 4201CapitalGrant2@nysed.gov.

Review Process:

An SED evaluation committee, consisting of at least two evaluators, will review all applications for completeness and verify that all eligibility criteria are met. If a proposal does not meet the eligibility standards, the proposal will be eliminated from further review.

Each reviewer will score the proposal according to the indicated point criteria in the Scoring Rubric. If individual scores are more than 15 points apart, another reviewer will score the application. The two scores closest in numeric value will be averaged to calculate the final average score of the application. If the third reviewer's score is equal to the average of the two original scores, the third reviewer's score will become the final score.

The evaluation committee will review each proposal independently and calculate a score based on the scoring rubric below.

Proposals that receive a final average score of 50 or more out of 100 will be considered for funding.

The Review Process for Emergency Projects

The emergency project request will be forwarded to the review team. The team reviews the application and makes recommendations. Although funds are set aside for emergency applications, these applications generally fall outside of the regular grant application cycle and thus require separate authorization. You should be prepared to pay expenses up front as there could be delays in payment from the State if awarded a grant. Upon review and approval of an emergency, SED will notify the school by e-mail. If awarded an emergency project, existing awardees will have their contract amended and must be approved by the State Comptroller. New awardees will receive a new contract. Projects are subject to review and are not guaranteed funding.

Requirements and Forms

If an award is made, you are expected to follow the requirements of the 4201 Capital Grant program. Although you may submit an emergency grant application at any time, as with other 4201 capital grants you must expend or encumber all funds by the contract term.

Scoring Rubric:

Demonstrated Need (maximum of 80 points):

- 0-15 points – Project description and facility need(s) identified;
- 0-25 points – Project addresses critical and immediate health and safety need(s);
- 0-10 points – Documentation of Facility need(s) provided (i.e., Code violation, inspection report, etc.);
- 0-10 points – Expected remaining useful life of equipment or system to be altered, rehabilitated or improved;
- 0-10 points – Current condition of equipment or system to be altered, rehabilitated or improved;
- 0-10 points – Expected useful life of proposed new equipment/system.

Scoring for Project Cost / Budget (maximum of 20 points):

- 0-15 points – Estimated construction costs as a percentage of estimated total project costs;
- 0-5 points – Source of cost estimate – 5 points if based on a developed design and/or vendor quote. 0-5 points if “other.”

Note: If the applicant enters “N/A” (indicating the item is not applicable) in the grant application item 8 and item 9 or item 10, then the score for these items (see Scoring Rubric items 4, 5 and 6) will be adjusted so the sum total score associated with these application items will be on a basis of 30 total points.

Below is the calculation of this methodology.

Example 1: Grant Application item 8. and item 9. are N/A and item 10 was completed.

Scoring Rubric weighted score for items 4 and 5 are 0

Scoring Rubric weighted score for item 6 = 5.

Scoring Rubric Calculation:

- a. Scoring Rubric item 6 has a total possible score = 10
- b. Divide weighted score by total possible score = $5/10 = .500$
- c. Calculate a score for item 4 & item 5 by factoring total possible score for each item by the factor in b. above.
Adjusted score item 4: $10 * .500 = 5$
Adjusted score item 5: $10 * .500 = 5$
Score for item 6: 5
- d. Total final score for Scoring Rubric items 4, 5 & 6 = 15
($5+5+5=15$)

Example 2: Grant Application item 8. and item 9. are completed and item 10 is N/A.

Scoring Rubric weighted score for item 4 = 5

Scoring Rubric weighted score for item 5 = 7

Scoring Rubric weighted score for item 6 is 0.

Scoring Rubric Calculation:

- a. Scoring Rubric item 4 and item 5 have a combined total possible score = 20
- b. Divide combined weighted score of item 4 and item 5 by combined total possible score = $(5+7)/20 = .600$
- c. Calculate a score for item 6 by factoring total possible score by the factor in b. above.
Score for item 4: 5
Score for item 5: 7
Adjusted score for item 6: $10 * .600 = 6$
- d. Total final score for Scoring Rubric items 4, 5 & 6 = 18
($5+7+6=18$)

Award Process:

Project requests will be separated into two tranches - one for projects under \$500,000 and another for projects over \$500,000. Awards will be made within each tranche in rank order based on total project score.

In case of a tie in the scoring process, the following levels of tiebreakers will decide the rank order, step by step, with the next one down only applying if the previous step does not break the tie:

1. Projects with the same score within the entity will be decided by:
 - a. Higher health & safety score (Item 2 on Scoring Rubric Form),
 - b. Lower Priority Number (indicative of a higher priority project).
2. Projects with the same score across entities will be decided by:
 - a. Higher health & safety score (Item 2 on Scoring Rubric Form),
 - b. Entity(ies) not yet awarded a grant will be ranked higher,
 - c. Lower Priority Number (indicative of a higher priority project),
 - d. Higher Construction Cost Percentage.

In the event funds are insufficient to fully fund the next highest ranked project, the school will be offered partial funding. To receive a partial award, the school must demonstrate that additional funding sources are available to complete such project or that scope can be reduced in order to completely fund the project with the partial funding. If the school declines a partial award, SED will move to the project with the next highest score and continue making awards in rank order until funds have been fully awarded.

Any grant funds remaining after all grant applications within a tranche have been reviewed and awarded or disqualified will be transferred to the other tranche should awards still be pending in such tranche.

Budgets will be adjusted to eliminate any unallowable or inappropriate expenditure.

Award Notification:

At the conclusion of this RFA period, SED will notify all applicants of the award determination.

Reallocation Process:

It is expected that \$30 million will be awarded through this RFA. However, there are factors that may require SED to reallocate funding after all awards have been made. These include, but are not limited to, instances in which an entity initially accepts an award and then rejects the grant award for a specific project, instances in which the actual project cost is less than the project bid/estimate, an SED determination that a school has failed to adequately progress a project within 18 months of award, or, for partially funded projects, a school's failure to secure other funding source(s) to complete a project.

In the case of a funding reallocation, SED will award such funds to the next highest ranked project request, regardless of the project's tranche as defined above and subject to the provisions of this RFA. If the school does not accept the award or does not meet the conditions of this RFA, SED will go to the next highest ranked project request, and so on.

Payment Process:

All funds will be distributed on a reimbursement basis. Schools must expend funds in a manner consistent with their approved project request. Once a request for reimbursement has been reviewed and approved, SED will release the funds (in most cases within 90 days). Schools may submit reimbursement claims on an ongoing basis as they expend funds. It will not be necessary to expend the entire award before receiving reimbursement. Schools must complete and submit reports and vouchers in the format and method required by NYSED.

Records Retention:

Schools must maintain records of the use of these grant funds, including, but not limited to bids/estimates and invoices. Expenditures made under this program are subject to audit and inspection by any appropriate government agency or their designee.

Program Contacts:

SED has assigned Designated Contacts for this project. The Designated Contacts shall be the sole point of contact regarding this RFA from the date of issuance of the RFP until the resulting contracts are executed.

The Designated Contacts for this RFA are:

Program: Jaime Byron, Francis Kramer

Fiscal: Adam Kutryb

M/WBE: Brian Hackett

4201CapitalGrant2@nysed.gov

Entities' Responsibility

Projects must operate under the jurisdiction of the local board of education, or other appropriate governing body, and are subject to at least the same degree of accountability as all other expenditures of the local agency. The local board of education, or other appropriate governing body, is responsible for the proper disbursement of, and accounting for, project funds. Written agency policy concerning wages, mileage and travel allowances, overtime compensation, or fringe benefits, as well as State rules pertaining to competitive bidding, safety regulations and inventory control must be followed. Supporting or source documents are required for all grant-related transactions entered into the local agency's recordkeeping systems. Source documents that authorize the disbursement of grant funds consist of purchase orders, contracts, time and effort records, delivery receipts, vendor invoices, travel documentation and payment documents.

Supporting documentation for grants and 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 records retention purposes until the issue is resolved. All records and documentation must be available for inspection by State Education Department officials or their representatives.

Accessibility of Web-Based Information and Applications

Any documents, web-based information and applications development, or programming delivered pursuant to the contract or procurement, will comply with New York State Education Department IT Policy NYSED-WEBACC-001, Web Accessibility Policy as such policy may be amended, modified or superseded, which requires that state agency web-based information, including documents, and applications are accessible to persons with disabilities. Documents, web-based information and applications must conform to NYSED-WEBACC-001 as determined by quality assurance testing. Such quality assurance testing will be

conducted by NYSED employee or contractor and the results of such testing must be satisfactory to NYSED before web-based information and applications will be considered a qualified deliverable under the contract or procurement.

Requirements for Funding

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 NYSED.

Prequalification Requirement

Pursuant to the New York State Division of the Budget bulletin H-1032, not-for profit organizations must Prequalify to do business with New York State agencies before they can compete for State grants. The process allows nonprofits to address questions and concerns prior to entering a competitive bid process. Nonprofits are strongly encouraged to begin the Prequalification process as soon as possible.

To become prequalified, a nonprofit must register with Grants Gateway and complete an online Prequalification application. This includes completing a series of forms by answering basic questions regarding the organization and uploading key organizational documents.

Detailed information on how to register with the Grants Gateway and become prequalified is available on the [Grants Management](#) website.

Disclaimer: *New York State reserves 5-10 business days from the receipt of complete Prequalification applications to conduct its review. If supplementary information or updates are required, review times will be longer. Due to the length of time this process could take to complete, it is advised that nonprofits Prequalify as soon as possible. Failure to successfully complete the Prequalification process early enough may result in a grant application being disqualified.*

Proposals received from nonprofit applicants that are not Prequalified in the Grants Gateway by 5:00 PM on the proposal due date of 11/03/23 cannot be evaluated. Such proposals will be disqualified from further consideration.

Debriefing Procedures

All unsuccessful applicants may request a debriefing within fifteen (15) calendar days of receiving notice from NYSED. Bidders may request a debriefing letter on the selection process regarding this RFP by submitting a written request to the Fiscal Contact person at 4201CapitalGrant2@nysed.gov.

The Fiscal Contact person will make arrangements with program staff to provide a written summary of the proposal's strengths and weaknesses, as well as recommendations for improvement. Within ten (10) business days, the program staff will issue a written debriefing letter to the bidder.

Contract Award Protest Procedures

Applicants who receive a notice of non-award or disqualification 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. The protest must be filed within ten (10) business days of receipt of a debriefing or disqualification letter. The protest letter must be filed with the Contract Administration Unit at 4201CapitalGrant2@nysed.gov.

3. 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 bidder with written notification of the review team's decision within ten (10) 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.

4. 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.

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 the [NYS MWBE Directory](#).

The M/WBE participation goal for this grant is 30% of each applicant's total discretionary non-personal service budget each year of the grant. Discretionary non-personal service budget is defined as total annual 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.

The M/WBE Goal Calculation Worksheet is provided for use in calculating the dollar amount of the M/WBE goal for this grant application.

All requested information and documentation should be provided at the time of submission. If this cannot be done, the applicant will have 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
EEO 100 Staffing Plan

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
EEO 100 Staffing Plan

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
EEO 100 Staffing Plan

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](#); 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 104G Quarterly M/WBE Compliance Report. This report should be submitted on a quarterly basis and can be requested at MWBEGrants@nysed.gov.

NYSED's M/WBE Coordinator is available to assist applicants in meeting the M/WBE goals. The Coordinator can be reached at MWBEGrants@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.

Contract Terms and Conditions

Grant awards to non-profit and for-profit organizations 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.

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 becomes 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) request best and final offers.

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 [OSC's website](#).

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](#) or go directly to the [VendRep System online](#).

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 ITServiceDesk@osc.ny.gov.

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the [VendRep website](#) 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 when:

- 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

Workers' Compensation Coverage and Debarment

New York State Workers' Compensation Law (WCL) has specific coverage requirements for businesses contracting with New York State and additional requirements that 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.

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.

PROOF OF COVERAGE REQUIREMENTS

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.

Proof of Workers' Compensation Coverage

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:

- **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
- **Form SI-12** – Certificate of Workers' Compensation Self-Insurance; or **Form GSI-105.2** Certificate of Participation in Workers' Compensation Group Self-Insurance; or
- **CE-200** – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage.

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:

- **Form DB-120.1** – Certificate of Disability Benefits Insurance; or
- **Form DB-155** – Certificate of Disability Benefits Self-Insurance; or
- **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](#). 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.

Sexual Harassment Prevention Certification

By submission of this application, each applicant and each person signing on behalf of any applicant certifies, and in the case of a joint application each party thereto certifies its own organization, under penalty of perjury, that the applicant has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy shall, at a minimum, meet the requirements of section two hundred one-g of the labor law.

Application Checklist

Listed below are the required documents for a complete application package, in the order that they should be submitted. Use this checklist to ensure that your application submission is complete and in compliance with application instructions.

Required Documents	Checked- Applicant	Checked – SED	
Application Cover Page with Original Signature of Chief Administrative Officer (see attached Excel application)	<input type="checkbox"/>	<input type="checkbox"/>	
Payee Information Form (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Application Checklist	<input type="checkbox"/>	<input type="checkbox"/>	
Completed Application (see attached Excel application)	<input type="checkbox"/>	<input type="checkbox"/>	
Worker’s Compensation Documentation (encouraged)	<input type="checkbox"/>	<input type="checkbox"/>	
Disability Benefits Documentation (encouraged)	<input type="checkbox"/>	<input type="checkbox"/>	
Is the applicant prequalified, if required? (While no documentation is required with the application, the applicant may be required to prequalify in order to be eligible for this grant opportunity)	<input type="checkbox"/>	<input type="checkbox"/>	
M/WBE Documents Package (original signatures required)			
<input type="checkbox"/> Full Participation <input type="checkbox"/> Request Partial Waiver <input type="checkbox"/> Request Total Waiver			
	Forms Required		
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"/>
M/WBE 100 Utilization Plan	<input type="checkbox"/>	<input type="checkbox"/>	N/A
M/WBE 102 Notice of Intent to Participate	<input type="checkbox"/>	<input type="checkbox"/>	N/A
M/WBE 105 Contractor’s Good Faith Efforts	N/A	<input type="checkbox"/>	<input type="checkbox"/>
M/WBE 101 Request for Waiver Form and Instructions	N/A	<input type="checkbox"/>	<input type="checkbox"/>
EE0 100 Staffing Plan and Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SED Comments:

Has the applicant complied with the application instructions? Yes No

SED Reviewer: _____ Date: _____

M/WBE Documents

M/WBE Goal Calculation Worksheet
(This form should reflect Year 1 budget totals)

RFP # and Title:

Applicant Name:

The M/WBE participation for this grant is 30% of each applicant's total discretionary non-personal service budget for each year of the grant. Discretionary non-personal service budget is defined as the total annual 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 for items excluded from M/WBE 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, and 6		
8.	Line 1 minus Line 7		
9.	M/WBE Goal percentage (30%)		0.30
10.	Line 8 multiplied by Line 9 = MWBE goal amount		

*If not included in #5

M/WBE COVER LETTER Minority & Women-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 that 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.

M/WBE UTILIZATION PLAN

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

Bidder/Applicant's Name _____
 _____ / _____

Telephone/Email:

Address _____

Federal ID No.:

City, State, ZIP _____

RFP No.:

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

FEDERAL ID No.			
----------------	--	--	--

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 _____

M/WBE 100

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 _____
Bidder/Applicant's Firm

Print or Type Name and Title of Authorized Representative of _____

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 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 _____

_____ Printed or Typed Name and Title of Authorized Representative _____ Date _____

M/WBE 102

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 105

M/WBE CONTRACTOR UNAVAILABLE CERTIFICATION

RFP#/PROJECT NAME _____

I, _____

(Authorized Representative)

(Title)

(Bidder/Applicant's Company)

 (Address) (Phone) (____)

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

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

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

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

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

Authorized Representative Signature

Date

Print Name

M/WBE 105A

REQUEST FOR WAIVER FORM

BIDDER/APPLICANT NAME:

TELEPHONE:

ADDRESS:

EMAIL:

FEDERAL ID NO.:

CITY, STATE, ZIP CODE:

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

PREPARED BY (*Signature*): _____

DATE: _____

SUBMISSION OF THIS FORM CONSTITUTES THE BIDDER/APPLICANT'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 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:	FOR AUTHORIZED USE ONLY
TITLE OF PREPARER: TELEPHONE: EMAIL:	REVIEWED BY: _____ DATE: _____ WAIVER GRANTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TOTAL WAIVER <input type="checkbox"/> PARTIAL WAIVER <input type="checkbox"/> NOTICE OF DEFICIENCY <input type="checkbox"/> CONDITIONAL WAIVER COMMENTS:

M/WBE 101

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 1-10, as listed 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 that 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.

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: _____
 Address: _____
 City, State, ZIP: _____

Telephone: _____
 Federal ID No.: _____
 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 Native Hawaiian or	Asian	American Indian or	Two or More	Disabled	Veteran	White	African-American or Native Hawaiian or	Asian	American Indian or	Two or More	Disabled	Veteran		
Executive/Senior Level Officials and Managers																			
First/Mid-Level Officials and Managers																			
Professionals																			
Technicians																			
Sales Workers																			

Administrative Support Workers																			
Craft Workers																			
Operatives																			
Laborers and Helpers																			
Service Workers																			
TOTAL																			

PREPARED BY _____
 (*Signature*): _____
 NAME AND TITLE OF _____
 PREPARER: _____

DA _____
 TE: _____
 TELEPHONE/E _____
 MAIL: _____

EEO 100

STAFFING PLAN INSTRUCTIONS

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, mwbegrants@nysed.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.

EEO 100

