



New York State
Office of National and Community Service



2013 State AmeriCorps Request for Proposals

*State AmeriCorps Cost Reimbursement, Education Award Only, & Fixed-Cost
Competitive Grant Procurement*

**APPLICATIONS DUE
5:00 PM EST JANUARY 7, 2013**

**PART II
Required Application Forms**



PART II – Required Application Forms

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Most Recent A-133 Audit or Certified Financial Statements

All applicant agencies must submit their most recent A-133 Audit Report of their organization OR Certified Financial Statements with their AmeriCorps application materials to be considered for funding.

Instructions:

Please note that the forms in this document are not in a “locked” format typical of a true forms mode, but can easily be manipulated for electronic completion as follows. These rules apply throughout the document:

For all forms containing “**check boxes**” , to enter “x” in the box, double click on either side of the box, click on “check box” and enter ok. The box will now be checked .

For all forms containing “**gray fillable boxes**” , to enter text, click directly on the box, then start typing. The gray box disappears as text is entered.

For all forms containing “**lines**” (____), to enter a number in the line, click directly in the middle of the line and enter desired number (_2_).



Section One: Required Application Forms



1.1 REQUIRED APPLICATION FORMS CHECK LIST

All applicants must complete the checklist presented below and submit the following forms in the order listed in the checklist.

1. Required Application Form Check List
2. Application Cover Page/Appendix D Agreement
3. SF-424 Application for Federal Assistance Instructions & Face Sheet
4. Bidder Identification Form
5. Non-Discrimination/Non-Sectarian Compliance Form
6. Board of Directors Profile Instructions & Profile Form / Not-For-Profit Corporations
7. M/WBE Subcontractors and Suppliers Letter of Intent to Participate Form
8. Subcontracting Utilization Form
9. Staffing Plan Form
10. Organizational Chart
11. Vendor Responsibility Questionnaire
12. Contract Developer, Signatory & Claim Signatory Authorization Form

13.

<p>Most Recent A-133 Audit or Certified Financial Statements All applicant agencies <u>must</u> submit their most recent A-133 Audit Report of their organization OR Certified Financial Statements with their AmeriCorps application materials to be considered for funding.</p>
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1.2 Application Cover Page/Appendix D Agreement

I. Incorporated Agency Name:				
II. Project Title:				
III. New York State Vendor ID:				
IV. Amount of OCFS Funds Requested:				
V. Proposed Dates of Project:				
VI. Address: (Include Street, City, State, Zip Code)	Mailing	Payment	Site	Agency Record
VII. Federal Tax Identification Number or Municipality Code:				
VIII. Does the Business Entity have a Data Universal Numbering System (DUNS) Number? If yes, what is the DUNS Number?	<input type="checkbox"/> Yes <input type="checkbox"/> No		DUNS Number:	
IX. Is the Business Entity a: (a) For Profit entity; <u>and</u> (b) A New York Certified Minority Owned Business Enterprise (MBE), Women Owned Business Enterprise (WBE), New York State Small Business or a Federally Certified Disadvantaged Business Enterprise (DBE)?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, please specify the type of entity:	<input type="checkbox"/> Minority Owned Business Enterprise (MBE) <input type="checkbox"/> Women Owned Business Enterprise (WBE) <input type="checkbox"/> Disadvantaged Business Enterprise (DBE) <input type="checkbox"/> New York State Small Business			
X. Is the Business Entity a: (a) Not-For-Profit entity; <u>and</u> (b) A Minority Community-Based Organization (MCBO)	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
XI. Charities Registration Number: (If exempt, enter reason for exemption)				
XII. Has the Business Entity filed all required periodic or annual written reports with the Office of the Attorney General's Charities Bureau?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	



XIII. Congressional/Legislative District Information: (If Known)					
Federal Congressional District(s):					
State Assembly District(s):					
State Senate District(s):					
XIV. County:					
XV. Contact Person(s):					
Key Contacts	Name	Address	Telephone & E-Mail Address **	Authorized to Sign Contracts	Authorized to Sign Claims
Board Chairperson					
Chief Administrative Officer ¹					
Contract Contact					
Chief Fiscal Officer					
**An E-mail address is required. If you do not have a personal e-mail address, please supply your Organization's shared e-mail address.					

XVI. Agreement/Signature:

It is understood and agreed to by the applicant that (1) The responses to this RFP are true, accurate and complete, including all attachments. (2) Funds granted for this project will be used only for the conduct of the project as approved. (3) The grant may be terminated in whole, or in part, by the Commissioner of the New York State Office of Children and Family Services. Such determination shall not affect obligations incurred under the grant prior to effective date of such termination. (4) When funds are advanced, any unexpended balance at the end of the approval period will be returned. (5) Any significant revision of the approved project proposal will be requested in writing by the grantee prior to enactment of the change. (6) Progress reports will be submitted within thirty days after the project terminates. Necessary records and accounts, including financial and property control, will be maintained and made available to the New York State Office of Children and Family Services. (7) All personal information concerning individuals served or studied under the project is confidential and such information may not be disclosed to unauthorized persons. (8) The New York State Office of Children and Family Services reserves a royalty-free non-exclusive license to use and authorize others to use all copyrighted material resulting from this project. (9) Some selected contractors may be asked to participate in a performance-based contract reimbursement plan. (10) Most applicants will be subject to the State's Prompt Contracting Law.

Signature of Authorized Official: X _____

Typed Name and Title: _____

Date: _____

The Chief Administrative Officer is defined as the person who is responsible for the contractor's overall administration, eg. Executive Director, County Executive, or Agency Commissioner



1.3 SF-424 APPLICATION FOR FEDERAL ASSISTANCE INSTRUCTIONS & FACE SHEET
This form is required for applications submitted for federal assistance.

Item #

1. Filled in for your convenience.
2. Self-explanatory.
3. 3. a. and 3. b. are for state use only (if applicable).
4. Item 4. a: Leave blank.
 Item 4. b: If you are a recipient in year 2 or 3 of an already-awarded grant, enter the grant number, otherwise, leave blank.
5. Enter the following information:
 - a. The complete name of the organization that will be legally responsible for the grant, not the name of the organizational unit within the legally responsible organization. (For example, indicate "National University" instead of "Liberal Arts Department.")
 - b. Your organization's DUNS number (received from Dun and Bradstreet). **This is a required field. Please see the Notice for instructions on how to obtain a DUNS number.**
 - c. The name of the primary organizational unit that will undertake the assistance activity, if different from 5. a.
 - d. Your organization's complete address with the 9 digit ZIP+ 4 code.
 - e. The name and contact information of the project director or other person to contact on matters related to this application.
6. Enter your Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
7. Item 7. a.: Enter the appropriate letter in the box.
 Item 7. b.: Please enter the characteristic(s) that best describe your organization:

K-12 Education

- 1 School (K-12)
- 2 Local Education Agency
- 3 State Education Agency

Higher Education

- 4 Vocational/Technical College
- 5 Community College
- 6 2-year College
- 7 4-year College
- 8 Hispanic Serving College or University
- 9 Historically Black College or University
- 10 Tribally Controlled College or University

Government

- 23 Local Government-Municipal
- 24 Health Department
- 25 Law Enforcement Agency
- 26 Governor's Office
- 27 State Commission/Alternative Administrative Entity

Non-Profit Organizations

- 11 Community-Based Organization
- 12 Faith-Based Organization
- 13 Chamber of Commerce/ Business Association
- 14 Community Action Agency/ Program
- 15 Service/Civic Organization
- 16 Volunteer Management Organization
- 17 Self-Incorporated Senior Corps Project
- 18 Statewide Association
- 19 National Non-Profit (Multistate)
- 20 Local Affiliate of National Organization
- 21 Tribal Organization (Non-government)
- 22 Other Native American Organization

8. Check the appropriate box for type of application and enter the appropriate letter(s) in the lower boxes:
 - Check "New" if your organization has never held a competitive AmeriCorps State or National grant before. If your organization had a state formula grant, check "New."
 - Check "New Application/Previous Grantee" if your organization has held an AmeriCorps State or National grant in the past and this application is for a new grant.
 - Check "Continuation" if you are a grantee applying for an additional year of funding within an existing multi-year grant project period. AmeriCorps State and National grants are typically awarded for three-year periods.



9. Filled in for your convenience.
10. Use the following list of CFDA (Catalog of Federal Domestic Assistance) numbers for the applicable program listing, or other source if so instructed in the *Notice*: 94.006 AmeriCorps State and National.
11. Enter the project title.
 - a. When applying for a "Continuation" or "Amendment" applicants should use the same title as used for their existing grant program. When applying as a "New Applicant/Previous Grantee" if the application is for re-funding of a previous grant program, use the same title as was used in the prior grant program if appropriate (i.e., if the program is unchanged).
 - b. Enter the name of the program initiative, if any, as provided in the instructions corresponding to the *Notice* for which you are applying; otherwise, leave blank.
12. List only the largest political entities affected (e.g., counties, and cities). Please include the two-letter abbreviation with both letters capitalized for each state where you plan to operate. Separate each two letter state abbreviation with a comma. For city or county information, please follow each one with the two-letter capitalized state abbreviation.
13. (See item 8) "New" application or "New application/previous grantee:" Enter the dates for the proposed three-year project period.
 "Continuation" or "Amendment" application: Enter the dates of the approved three-year project period.
 Performance Period: this appears only in eGrants, and is for the use of staff only.
14. Leave blank, staff use only.
15. Estimated Funding. Check the appropriate box to indicate the grant year for which funding is being requested. Enter the amount requested or to be contributed **during this budget period** on each appropriate line, as shown below. The value of in-kind contributions should be included in these amounts, as applicable. For revisions (See item 8), if the action will result in a dollar change to an existing award, include **only** the amount of the change. For decreases, enclose the amounts in parentheses.

- | | |
|--------------------------|--|
| a. Federal | The total amount of federal funds being requested in the budget. |
| b. Applicant | The total amount of the applicant share as entered in the budget. |
| a. State | The amount of the applicant share that is coming from state sources. |
| d. Local | The amount of the applicant share that is coming from local governmental sources (e.g., city, county and other municipal sources). |
| e. Other | The amount of the applicant share that is coming from non-governmental sources. |
| f. Program Income | The amount of the applicant share that is coming from income generated by programmatic activities (i.e., use of the additive option where program income is used to increase the size of the program). |
| g. Total | The applicant's estimate of the total funding amount for the agreement. |

16. Pre-filled for your convenience. This program is excluded from coverage by State Executive Order 12372.
17. Check the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans, and taxes. If Yes, attach an explanation.
18. The person who signs this form must be the applicant's authorized representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.

Note: Falsification or concealment of a material fact, or submission of false, fictitious or fraudulent statements or representations to any department or agency of the United States Government may result in a fine of not more than \$10,000 or imprisonment for not more than five (5) years, or both. (18 U.S. Code Section 1001)



1. TYPE OF SUBMISSION:
Application Non-Construction

2. a. DATE SUBMITTED:	3. a. DATE RECEIVED BY STATE:	3. b. STATE APPLICATION IDENTIFIER:
2. b. APPLICATION IDENTIFIER:	4. a. DATE RECEIVED BY FEDERAL AGENCY:	4. b. FEDERAL IDENTIFIER: (Staff Only)

5. APPLICANT INFORMATION

5. a. LEGAL NAME: 5. b. ORGANIZATIONAL DUNS: 5. c. ORGANIZATIONAL UNIT (DEPARTMENT/DIVISION):	5. e. NAME AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area code):
5. d. ADDRESS (give street address, city, county, state and zip code): STREET: CITY: COUNTY: STATE: COUNTRY:	NAME: TELEPHONE NUMBER: () - FAX NUMBER: () - EMAIL:

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

7. a. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State	H. Independent School District
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Private Non-Profit Organization
O. Federal Government	P. HQ Internal Organizations
Q. State Education Agency	R. Territory
S. Other (specify) _____	

8. TYPE OF APPLICATION

NEW NEW/PREVIOUS GRANTEE
 CONTINUATION REVISION

If Revision, enter appropriate letter(s) in box(es):

A. AUGMENTATION B. BUDGET REVISION:
C. NO COST EXTENSION to (enter date)
E. OTHER (specify below)

7. b. CNCS APPLICANT CHARACTERISTICS
Enter appropriate codes: _____

9. NAME OF FEDERAL AGENCY:
Corporation for National and Community Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

11. a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

11. b. CNCS PROGRAM INITIATIVE (IF ANY):

13. PROPOSED PROJECT:
START DATE: ENDING DATE:

14. Performance Period (Staff Use Only)

15. ESTIMATED FUNDING: Yr 1: Yr.2: Yr. 3:

a. FEDERAL	\$
b. APPLICANT	\$
c. STATE	\$
d. LOCAL	\$
e. OTHER	\$
f. PROGRAM INCOME	\$
g. TOTAL	\$

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE:

b. NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
 YES If "Yes," attach an explanation. NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:	b. TITLE:	c. TELEPHONE NUMBER: () -
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:	e. DATE SIGNED:	



1.4 BIDDER IDENTIFICATION FORM

firm/Provider:		Address:		City:	State:	Zip:
Employer ID Number (required):			Additional PIN:		If Outside USA	
					Province	Country
Authorized Person:			Title:		E-Mail Address:	
Telephone: () -	Fax: () -	Signature:			Date:	
<p>Organization Type</p> <p style="text-align: center;">Check one answer for each question This information is required for reporting purposes and to assure equal opportunity to bid.</p> <p>1 Type of Firm:</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Joint Venture</p> <p>2. <input type="checkbox"/> For-Profit <input type="checkbox"/> Not-For-Profit Provider <input type="checkbox"/> Municipality</p> <p>3 Meets definition of "Small Business Concern" <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4 <input type="checkbox"/> MBE * <input type="checkbox"/> Women-Owned Business* <input type="checkbox"/> Neither</p> <p>If MBE Please check one of the following:</p> <p><input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American/Alaskan Indian</p> <p>* If checked, is your organization certified as a For-Profit Minority or Women-Owned Business by New York State?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>						

Bidders are hereby notified that if their principle place of business is located in a state that penalizes New York vendors, and if the goods or services they offer will be substantially produced or performed outside New York State, the Omnibus Procurement Act of 1994 amendments (Chapter 684, Laws of 1994) require that they be denied placement on bidders mailing lists and contracts for which they would otherwise obtain. Bidders of construction services must be denied the award of a contract if their principle place of business is located in a state that discriminates or imposes a preference against New York State firms jurisdiction.

A current list of states which penalize New York State firms is available from the Procurement Assistance Unit, New York State Empire State Development, Albany, New York 518-292-5250.

Instructions:

A **Not for Profit Corporation** is defined as an incorporated organization chartered for other than Profit-making activities. Most such organizations are engaged in charitable, educational, or other civic or humanitarian activities although they are not restricted to such activities.

A **Small Business Concern** is defined as a business which is resident in New York State, Independently owned and operated, not dominant in its field, and employs one hundred or less persons. A Not-For-Profit organization may be considered a Small Business Concern if it meets the preceding criteria.

A **Minority Business Enterprise (MBE)** is defined as any business which is at least fifty-one percent owned by, or in the case of a publicly owned business, at least fifty-one percent of the stock of which is owned by, **United States (U.S.)** citizens or permanent resident aliens who are:

- a. Black persons having origins in any of the black African racial groups; and/or
- b. Persons of Mexican, Puerto Rican, Dominican, Cuban, other Caribbean island, Central South American origin and /or national or community identification, whether of indigenous, Hispanic, Portuguese, French, Dutch, or other descent and regardless of race; and/or
- c. Asian and Pacific Islander persons having origins in any of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands; and/or
- d. American Indian or Alaskan Native person having origins in any of the origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification; and such ownership interest is real substantial and continuing. The minority ownership must have and exercise the authority to independently control the business decisions of the entity.

A **Minority Community Based Organization (MCBO)** is defined as a Not-For-Profit, local human service organization that has its origins in the geographic area comprised of one or more neighborhoods that it serves. A representative MCBO is therefore keenly aware of community needs as well as local resources to meet those needs. Generally, the governing bodies and personnel of community-based organizations reflect the racial, ethnic and cultural make-up of the community being serviced. A MCBO is characterized by majority representation of American Indians, Asian Americans, Blacks and/or Hispanics in both policy formulation and decision making regarding management, service delivery and staffing reflective of the area that it serves.

A **Woman-owned Business Enterprise (WBE)** is defined as any business enterprise which is at least fifty-one percent owned by, or in the case of publicly owned business, at least fifty-one percent of the stock of which is owned by citizens or permanent aliens who are woman. Such ownership interest must be real, substantial and continuing. The Women-Owned Ownership must have and exercise the authority to independently control the business decisions of the entity. (To meet the definition of an MBE or WBE, a Non-Profit organization must be controlled by a Board of Directors consisting of at least fifty-one percent minority individuals or women, respectively.)

NEW YORK STATE CERTIFIED MINORITY or WOMAN OWNED BUSINESS – Limited to For-Profit organizations which have been certified by the New York State Empire State Development as meeting the criteria for a Minority or Women Owned Business. Contact the New York State Empire State Development, Division of Minority and Women's business Development at 212-803-2414 or 518-292-5250 for certification assistance.



1.5 NON-DISCRIMINATION/NON-SECTARIAN COMPLIANCE FORM

AGENCY NAME: _____

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| a. According to the Certificate of Incorporation, are the organization's purposes sectarian? (For example, is the organization a corporation organized under the religious corporation law or a corporation which has a corporate purpose to serve a particular religious group or to promote the doctrine of a particular religion in general?) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are any of the proposed services in your project sectarian in nature? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does the organization have as its goal the furthering of any sectarian purpose? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are the services to be provided by sectarian staff? (e.g. Clergy) | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are services being delivered in a building owned by a sectarian organization? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Are services direct educational services in connection with a school? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Will the proposed services be provided on the basis of race, religion, color, national origin or sex? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. What is the target population of the organization? | | |
| i. What will the organization do if individuals who are not part of your target population ask for services? | | |
| j. Will the organization serve, either through direct services or referrals, all who request assistance? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer(s) to any of the questions a-e, or g, are "yes", then justify why you should be funded below.

ORGANIZATION INFORMATION

For statistical purposes, check yes or no for each of the following items as it relates to your organization. (See Instructions and Examples) **(Leave No Blanks)**

- | | | | | | |
|-------------------------|------------------------------|-----------------------------|----------------------|------------------------------|-----------------------------|
| Non-Profit Organization | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Women-Owned Business | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Minority Business | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Municipality | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Small Business | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |



1.6 BOARD OF DIRECTORS PROFILE INSTRUCTIONS & PROFILE FORM (NOT-FOR-PROFIT CORPORATIONS)

Must be completed, signed by the Board Chairperson or designee, and included in application
See Instructions on Page 2 of this form.

AGENCY NAME: _____

Name, Address, and E-Mail	Current Occupation and Current Employer	Position on the Board
1.		
2.		
3.		
4.		
5.		
6.		
7.		

The number of directors constituting the entire Board must not be less than five. The Office advises a manageable number of Board Directors to assure maximum working effectiveness. Of this number, the Office recommends Board composition to include individuals with experience in, or access to, legal matters, financial management, real estate knowledge, and administrative capability and "consumer" representation.

_____ Date

_____ Chairperson, Board of Directors (or designee)



BOARD OF DIRECTORS PROFILE INSTRUCTIONS & PROFILE FORM (NOT-FOR-PROFIT CORPORATIONS)

Instructions for Board of Directors Profile Form

The Board of Directors Profile Form OCFS-4552, must be completed. This includes Name, Address, E-mail, Current Occupation and Employer, Position on the Board and Board Chairperson's signature and date (or the signature of the Board Chairperson's designee).

The outlined points noted below must be followed with regard to the Board of Directors for Not-For-Profit Organizations.

- **For the purposes of this Request for Proposal, the number of members on the Board of Directors must not be less than five (5).** OCFS has determined that a five member board is necessary to show the maturity and depth of the organization as well as the capacity of the organization and the board to properly provide services and oversee the administration of the grant. This number of board members shows that the organization has a broad base of community support, and enhances the ability of the board to comprehensively oversee the functions and activities of the organization. Having five board members also protects against the problem that can arise when a board member unexpectedly leaves the board, as the Not-for-Profit Corporation Law requires that a not-for-profit corporation have at least three board members. The extra board members enable the corporation to continue to function properly under the law in the interval between the departure of a board member and the appointment of a replacement. Please attach minutes and attendance lists from the organizations last three board of directors meetings.
- Be sure ALL columns are filled in for each Board Member; list both occupation and employer for each Board Member. If one or more Board Members are retired, or otherwise not employed (ex.: "Community Volunteer", or "Homemaker"), please note that status in the second column as well as their previous or current occupation. If the Board Member is self-employed, the name and nature of their business must be included.
- Where the corporation is licensed by OCFS to operate residential facilities for victims of domestic violence, no board member (including non-voting, ex-officio members) of the corporation may be a paid employee of the applicant organization. This provision is non-waivable, and applies even if the contract in question is for an activity other than the operation of a residential facility for victims of domestic violence. If the Board of Directors Profile submitted lists a paid employee as a member of the Board of Directors, the contract cannot be approved until that individual is removed from the Board of Directors Profile.
- No paid employee of a corporation requiring OCFS approval to incorporate may sit on the agency's Board, except that the CEO of a voluntary authorized agency may be a non-voting member of the board. There is no waiver available for this scenario. If the Board of Directors Profile for a voluntary authorized agency lists a paid employee other than the CEO as a member of the Board of Directors, the contract cannot be approved until that individual is removed from the Board of Directors Profile. If the Board of Director Profile for a voluntary authorized agency lists a CEO as a member of the Board of Directors, and does not specify that the CEO is a non-voting Board member, the contract cannot be approved until the status of the CEO as a non-voting Board member is specified in the Board of Directors Profile.
- Board members must avoid transactions involving the applicant organization in which they personally benefit or which create the appearance that they could personally benefit. Board members who are employed by government organizations must avoid situations in which they could use their official position or capacity for the benefit of the applicant organization or which create the appearance that they could use their official position or capacity for the benefit of the applicant organization. As such, OCFS will examine situations where social services district or other county employees serve as members on a corporation's Board of Directors. OCFS will determine whether a conflict of interest or appearance of impropriety exists, and how, if at all, it can be rectified such that the individual can remain on the Board of Directors.
- For any board member employed by the local social services district or other county government agency whose Board of Directors services presents a potential conflict of interest or appearance of impropriety, a letter must be submitted with this application from the County Ethics Board, County Attorney or other appropriate local entity, stating that their service on the board does not constitute a conflict or otherwise violate applicable ethics provisions. OCFS will review the information submitted and advise the applicant organization accordingly. OCFS may request additional information in instances in which the potential for a conflict of interest or appearance of impropriety arises.
- You can attach a board listing, using a different form, as long as you use the OCFS form as your first page, entering "See Attached List": under number 1, and entering your agency name, date, and Board Chairperson's signature on the OCFS form.
- If you attach a board listing, using a different form, make sure all required information on the OCFS form is conveyed on the attached form.



1.7 M/WBE SUBCONTRACTING/SUPPLIERS UTILIZATION FORM

To Be Completed by Contractor				
Contractor Name:			Contact Person:	
Address:			Telephone: () - -	
Project Name/RFP Title:		Contract Amount:		
Project Location:		Discretionary NPS Amount:		
Description of Goods/Services/Supplies to be Provided:				
Subcontracting/Purchasing with Majority Vendors: (Enter anticipated dollar amount and percentage to be spent with majority vendors (non-minority))				
Participation Goals Anticipated: (Enter anticipated dollar amount and percentage to be spent with identified MBEs and/or WBEs at the start of the Contract)				
Participation Goals Achieved: (Enter Actual dollar amount and percentage spent with identified MBEs and/or WBEs at the close of the Contract)				
List of Subcontractors/Suppliers:				
Firm Name and Address	Description of Services/Supplies	Amount	Date of Subcontract	Identify Whether MBE or WBE and if NYS Certified
				<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified
				<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified
				<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified
Contractors Agreement:				
My firm proposes to use the M/WBEs listed above.				
_____		_____		_____
(Signature of Contractor)		(Printed Name)		(Date)
To be completed by BCM Contract Manager				
BCM Contract Manager:			Telephone: () - -	
Contract Number:			Contract Amount:	
Date of Bid: (date RFP submitted)		Date Let: (date RFP awarded contract)		Completion Date (Contract end date)

FOR EODD USE ONLY

Reviewed By: _____	Date: _____	M/WBE Firms: <input type="checkbox"/> Certified <input type="checkbox"/> Not Certified
--------------------	-------------	---



1.8 M/WBE SUBCONTRACTORS AND SUPPLIERS LETTER OF INTENT TO PARTICIPATE FORM

Prime Contractor Information	
Contractor Name: (Prime Contractor Business Name)	Address:
Proposal/Contract Number:	Federal ID Number:
Contract Scope of Work: (Enter services, supplies, commodities to be provided or purchased)	

M/WBE Subcontractor/Supplier Information					
M/WBE Name: (Subcontractor Business Name)	Contact Person:				
	Federal ID Number (If Applicable)				
Address:	Telephone () -				
Designation (Check any that Apply) <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> MBE – Subcontractor</td> <td><input type="checkbox"/> MBE – Supplier</td> </tr> <tr> <td><input type="checkbox"/> WBE – Subcontractor</td> <td><input type="checkbox"/> WBE – Supplier</td> </tr> </table> Are you a NYS M/WBE Certified by the NYS Empire State Development Corp? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> MBE – Subcontractor	<input type="checkbox"/> MBE – Supplier	<input type="checkbox"/> WBE – Subcontractor	<input type="checkbox"/> WBE – Supplier
<input type="checkbox"/> MBE – Subcontractor	<input type="checkbox"/> MBE – Supplier				
<input type="checkbox"/> WBE – Subcontractor	<input type="checkbox"/> WBE – Supplier				
Joint Venture Section (Complete ONLY if you are in a Joint Venture)					
Name:	Federal ID Number:				
Address:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE				



Work/Services to be Provided by M/WBE Subcontractor/Supplier

Please specify in detail below, the particular items of work or services to be performed, and the materials or supplies to be purchased, including the cost for each, and the expected Contract start and completion dates for such work.

- Work/services to be performed:

Cost:

- Materials/Supplies to be purchased:

Cost:

- Date Supplies Ordered:
- Date Supplies Delivered:
- Date Proposal/Contract to Start:
- Date Proposal/Contract to Complete:

M/WBE Subcontractor/Supplier "Agreement/Signature" Section

This is to certify that the undersigned will enter into a formal agreement with the Prime Contractor to provide the work/services, at the cost and start/completion dates stated in the above **"Work/Services To Be Provided"** Section. The undersigned will enter into a formal agreement for the above work with the Contractor, ONLY upon the Contractor's execution of a contract with the OCFS. The above work will not be further subcontracted without the express written permission of the Contractor, and notification to OCFS.

Signature of M/WBE Subcontractor/Supplier

Date

Printed/Typed Name of M/WBE Subcontractor/Supplier



1.9 M/WBE QUARTERLY REPORT FORM

Is this a final report? Yes No

Contract Number. _____ Project Name/Number _____

The following information indicates the payment amounts made by the grantee/contractor to the NYS Certified M/WBE subcontractor/supplier on this project. The payments below shown as "Total Payment Made to Date" are in compliance with contract documents for the above referenced Contract/Project.

Contractors Name and Address _____ _____ _____ _____	Vendor ID# _____	Goals / \$ Amt. MBE _____ % = \$ _____ WBE _____ % = \$ _____	Reporting Period (State Fiscal Year): (see Pg 2 of Form) <input type="checkbox"/> 1 st Quarter (04/01-06/30) <input type="checkbox"/> 3 rd Quarter (10/01-12/31) <input type="checkbox"/> 2 nd Quarter (07/01-09/30) <input type="checkbox"/> 4 th Quarter (01/01-03/31)
Project Completion Date _____		Project Location (City) _____	OCFS Payments to Contractor: This Quarter: \$ _____ To Date: \$ _____

M/WBE Subcontractor/Vendor	Product Code (Pg. 2)	Work Status- This Report	Total Subcontractor Contract Amount		Payments this Quarter		Previous Payments		Total Payment Made to Date	
			MBE	WBE	MBE	WBE	MBE	WBE	MBE	WBE
Name:		<input type="checkbox"/> Active	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Vendor ID#:		<input type="checkbox"/> Inactive								
Name:		<input type="checkbox"/> Complete	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Vendor ID#:		<input type="checkbox"/> Active								
Name:		<input type="checkbox"/> Inactive	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Vendor ID#:		<input type="checkbox"/> Complete								
Name:		<input type="checkbox"/> Active	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Vendor ID#:		<input type="checkbox"/> Inactive								
Name:		<input type="checkbox"/> Complete	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Vendor ID#:		<input type="checkbox"/> Active								
Name:		<input type="checkbox"/> Inactive	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Vendor ID#:		<input type="checkbox"/> Complete								
Total			\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Date: _____ Printed Name: _____ Title: _____ Signature: _____



M/WBE QUARTERLY REPORT FORM

(Failure to submit this Form may result in non-compliance – Completion of this form is **only** applicable to Contract Awardees)

Certification: In order to be recognized as a certified MWBE, a vendor must be for-profit and certified by Empire State Development.

Note: Reporting Period (State Fiscal Year – April 1 through March 31) – Page 1 of Form

The Reporting period is arranged to correspond to the State Fiscal Year. When completing this section, be careful to only account for MWBE dollars spent during requested quarters (corresponding timeframes) regardless of contract period.

Due Date: No later than 10 days after the end of each reporting quarter.

PRODUCT KEY CODE (Type of Service/Commodity)

A	=	Agriculture/ Landscaping (e.g., all forms of landscaping services)
B	=	Mining (e.g., geological investigations)
C	=	Construction
C15	=	Building Construction – General Contractors
C16	=	Heavy Construction (e.g., highway, pipe laying)
C17	=	Special Trade Contractors (e.g., plumbing, heating, electrical, carpentry)
D	=	Manufacturing
E	=	Transportation, Communication and Sanitary Services (e.g., delivery services, warehousing, broadcasting and cable systems)
F/G	=	Wholesale/Retail Goods (e.g. hospital supplies and equipment, food stores, computer stores, office supplies)
G52	=	Construction Materials (e.g., lumber, paint, law supplies)
H	=	Financial, Insurance and Real Estate Services
I	=	Services
I73	=	Business Services (e.g., copying, advertising, secretarial, janitorial, rental services of equipment, computer programming, security services)
I81	=	Legal Services
I82	=	Education Services (e.g., AIDS education, automobile safety, tutoring, public speaking)
I83	=	Social Services (Counselors, vocational training, child care)
I87	=	Engineering, architectural, accounting, research, management and related services



1.10 M/WBE REQUEST FOR WAIVER FORM

(Instructions: See page 2 of this Form for Requirements and Document Submission Instructions)

Offeror/Contractor Name:	Vendor ID Number:
Address:	Solicitation/Contract No.:
City, State, Zip Code:	M/WBE Goals: MBE % WBE %
By submitting this form and the required information, the Offeror/Contractor certifies that every good faith effort has been taken to promote M/WBE participation pursuant to the M/WBE requirements set forth under the contract.	
Contractor is requesting:	
1. <input type="checkbox"/> MBE Waiver – A waiver of the MBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial	
2. <input type="checkbox"/> WBE Waiver – A waiver of the WBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial	
3. <input type="checkbox"/> Waiver Pending ESD Certification – (Check here if subcontractors or suppliers of Contractor are not certified M/WBE, but an application for certification has been filed with Empire State Development.) Date of such filing with Empire State Development: _____	
Prepared by (Signature): Date: Printed Name and Title of Preparer:	Submission of this form constitutes the Offeror/Contractor's acknowledgement and agreement to comply with the M/WBE Requirements set forth under NYS Executive Law, Article 15-a and 5 NYCRR Part 143. Failure to submit complete and accurate information may result in a finding of non-compliance and/or termination of the Contract.
Telephone Number:	Email Address:
***** FOR M/WBE USE ONLY *****	
Submit this form with the bid or proposal, or if submitting after award submit to:	Reviewed By: _____ Date: _____
	Waiver Granted: <input type="checkbox"/> YES MBE: <input type="checkbox"/> WBE: <input type="checkbox"/>
	<input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver <input type="checkbox"/> ESD Certification Waiver <input type="checkbox"/> *Conditional <input type="checkbox"/> Notice of Deficiency Issued _____ *Comments:



M/WBE REQUEST FOR WAIVER FORM

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 box # 3 has been checked above, please see item 11. Copies of the following information and all relevant supporting documentation must be submitted along with the request:

1. A statement setting forth the 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 purpose 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 Offeror/Contractor, and the M/WBEs undertaken for purposes of complying with the certified M/WBE participation goals.
9. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.
10. Provide the name, title, address, telephone number, and email address of Offeror/Contractor's representative authorized to discuss and negotiate this waiver request.
11. Copy of notice of application receipt issued by Empire State Development (ESD).

Note: Unless a Total Waiver has been granted, the Offeror/Contractor will be required to submit all reports and documents pursuant to the provisions set forth in the Contract, as deemed appropriate by OCFS, to determine M/WBE compliance.



1.11 MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES (MWBE) EQUAL EMPLOYMENT OPPORTUNITY (EEO) POLICY STATEMENT

By signing and submitting this Policy Statement, the below noted awardee/contractor (authorized representative) agrees to adopt the following policies with respect to the project/program being developed or services rendered, at the location noted on this form. See page 2 for required signatures.

M/WBE

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

- i. Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.
- ii. Request a list of State-certified M/WBEs from AGENCY and solicit bids from them directly.
- iii. Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.
- iv. Where feasible, divide the work into smaller portions to enhanced participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.
- v. Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.
- vi. Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

EEO

- i. This organization will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest; will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.
- ii. This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.
- iii. At the request of the contracting agency, this organization shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union or representative will not discriminate on the basis of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest; and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.
- iv. Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.
- v. Contractor will include the provisions listed above in EEO sections i. through iv. in every subcontract in such a manner that the requirements will be binding upon each subcontractor as to work in connection with the State contract.



MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES (MWBE) EQUAL EMPLOYMENT OPPORTUNITY (EEO) POLICY STATEMENT

M/WBE Contract Goals

- 22.5% Minority and Women's Business Enterprise Participation
- 9.5% Minority Business Enterprise Participation
- 13% Women's Business Enterprise Participation

Required Signatures

Organization Name: _____

Location of Services: _____
(City)

Printed Name: _____
(Authorized Representative)

Signature: _____ Title: _____

Minority Business Enterprise Liaison

(Person responsible for administering the Minority and Women-Owned Business Enterprises – Equal Employment Opportunity Program (M/WBE-EEO))

Note: If the "Authorized Representative" above is also responsible for administering the M/WBE – EEO Program, duplicate signature below is not required)

Printed
Name: _____
(M/WBE-EEO Liaison)

Title: _____

Signature: _____



1.12 PROJECT STAFFING PLAN FORM

DATE:

--	--	--

Company/Grantee Information					
Company/Agency Name:	Contact Person:				
Address:	Title: Telephone:				
Is Agency Not-For-Profit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Federal ID#/NYS Payee ID# Contract #: Prime Contract <input type="checkbox"/> Sub-Contract <input type="checkbox"/>				
Reporting Period: From: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> To: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					OCFS Program Area:

Staffing Plan Information

NOTE: Determination of ethnicity of staff can be made by observation – Use your professional judgment in terms of where staff fall into the below listed categories

TITLE CATEGORY	TOTAL WORK FORCE	TOTAL WORK FORCE BY:		BLACK		HISPANIC		ASIAN/PACIFIC ISLANDER		ALASKAN/NATIVE AMERICAN		WHITE (NOT OF HISPANIC ORIGIN)		DISABLED		VIETNAM ERA VETERAN	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Officials/Administrators																	
Professionals																	
Technicians																	
Para-Professionals																	
Administrative Support (Clerical)																	
Skilled Craftworkers																	
Service Maintenance																	
TOTAL																	
Total By Percentage	N/A	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%



1.13 VENDOR RESPONSIBILITY QUESTIONNAIRE

Bidders must complete a Vendor Responsibility Questionnaire. Enrolling and completing the Questionnaire online through the New York State VendRep System is the best method because the Questionnaire information and answers are stored in the system. Then, subsequent Questionnaires in response to contracts or Requests for Proposals from any State agency, not just OCFS, would only need to be updated in the system.

To access or enroll in the VendRep System, or to update your existing on-line Questionnaire click here: http://www.osc.state.ny.us/vendrep/vendor_index.htm. Questionnaires in the VendRep System that have been completed in the last six months in response to contracts or bid announcements from OCFS or other State agencies do not need to be updated.

Successful bidders will need to complete a second Questionnaire before contracts are sent to the State Comptroller's Office for approval. However, Vendor Responsibility Questionnaires completed through the VendRep System only need to be updated through a few simple clicks of the mouse.

Vendors opting to complete a paper Questionnaire, can access the Questionnaire by clicking the following link: <http://www.ocfs.state.ny.us/main/forms/contracts/>. Please note that there are separate Vendor Responsibility Questionnaires depending on the contractor status. The "[Vendor Responsibility Questionnaire Not-For-Profit Business Entity-OCFS-7050](#)" Form **must** be used by **Not-For-Profit** vendors; and the "[Vendor Responsibility Questionnaire For-Profit Business Entity](#)" Form **must** be used by **For-Profit** vendors.

Check One

- I have completed the Vendor Responsibility Questionnaire online through the New York State VendRep System, or an existing Questionnaire has been updated in the system within the last six months. Questionnaire Form Overview page is attached.
- I have completed a paper copy of the Vendor Responsibility Questionnaire and included it in my proposal.



1.14 INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION FORM FOR THE ON-LINE CONTRACT MANAGEMENT SYSTEM (CMS)

Organization Information

All fields on the form must be completed; the only exceptions are the DBA Name and Muni Code.

An organization chart must be submitted which indicates where the organization head or the Chief Administrative Officer and the contract developer and signatory appear in relation to the Board of Directors and the organization.

- ✓ Muni Code - The municipal code is used only for municipal organizations. If it does not apply, the box would be left blank. Questions regarding municipal codes should be directed to the OCFS Contract Manager.
- ✓ OSC Vendor ID – If available, enter your organization's OSC Vendor ID. This ID is issued by the Vendor Management Unit (VMU) as part of the OSC vendor registration process.
- ✓ Legal Name – Enter as it appears on the Articles of Incorporation or Business Certification.
- ✓ Federal ID – Enter your 9 digit federal ID; please do not enter any dashes (-).
- ✓ State – New York is automatically filled in by default. If different, delete and enter appropriate State.

Contract Developer, Contract Signatory and Claim Signatory, Contract Viewer Information

- ✓ Email Address – This should be an individual email address. The confidential username will be emailed to this address. The password will be provided separately. A company email address accessible by multiple persons should not be used. Confidential communication between OCFS and the Contract Developer and Contract Signatory regarding this account will be sent to this address.
- ✓ Phone Number – Mandatory. If there is a problem with the email address, OCFS will call this number to resolve any issues with the account.
- ✓ Please designate the user role(s). Check the Contract Developer, Contract Signatory, Contract Claim Signatory, and/or Contract Viewer box to indicate the type of account(s) you are authorizing OCFS to create or inactivate. Note that OCFS recommends that at least two Contract Developers, Contract Signatories, and Contract Claim Signatories be assigned for each organization.
- ✓ Check the appropriate box to either activate an account (create a user role), inactivate an account (terminate user access), and/or archive a staff person from the CMS vendor file (ie. If a person is no longer with your organization).

Signed Authorization Form(s) must be received before an organization can use CMS; please return the Authorization Form(s) with an original signature with your proposal submittal:



CONTRACT MANAGEMENT SYSTEM (CMS) AUTHORIZATION FORM

- The purpose of this form is to add, inactivate and modify users with online CMS accounts.
- Sign-on ID #s and temporary passwords will be e-mailed to individual staff receiving CMS role designations.

Today's Date:	Contract Number(s):	
	*Please note that the authorization for CMS accounts is not contract specific. If you would like to designate the below user(s) as a primary user for the indicated role, add the contract number and a brief narrative in the space provided.	
Organization Information		
Legal Name		
Doing Business As (DBA) Name (if applicable)		
Federal Id	Muni Code (if applicable)	OSC Vendor ID (if applicable)
Street Address 1		
Street Address 2		
City	State	Zip
Definition of Roles		
Contract, Program Report, Claim Developer [CONUSER] - Responsible for many contract related data entry tasks, such as completing online program reports and/or entering claim information online (<i>*Claim Developer is not an authorized signer for claims or contracts</i>). Contract Signatory [CONSIG] - Responsible for signing contracts on behalf of your organization. Contract Claim Signatory [CLAIMSIG] - Responsible for signing claims on behalf of your organization and submitting them to OCFS. Contract Viewer [CONVIEWER] - This role gives users basic read-only access to contract specific information.		
Contractor User Role Designation		
1. Name	Title	<input type="checkbox"/> Check here if this individual already has a CMS account
Email Address*	Phone Number	
<input type="checkbox"/> Activate user <small>Check this box to create a CMS user account</small> <input type="checkbox"/> Inactivate user <small>Check this box to disable a CMS user account</small> <input type="checkbox"/> Archive Staff in the CMS Vendor File <small>Check this box if a person is no longer with your agency</small>	Check all that apply: <input type="checkbox"/> Contract, Program Report or Claim Developer [CONUSER] <input type="checkbox"/> Contract Signatory [CONSIG] <input type="checkbox"/> Contract Claim Signatory [CLAIMSIG] <input type="checkbox"/> Contract Viewer [CONVIEWER]	
2. Name	Title	<input type="checkbox"/> Check here if this individual already has a CMS account
Email Address*	Phone Number	
<input type="checkbox"/> Activate user <small>Check this box to create a CMS user account</small> <input type="checkbox"/> Inactivate user <small>Check this box to disable a CMS user account</small> <input type="checkbox"/> Archive Staff in the CMS Vendor File <small>Check this box if a person is no longer with your agency</small>	Check all that apply: <input type="checkbox"/> Contract, Program Report or Claim Developer [CONUSER] <input type="checkbox"/> Contract Signatory [CONSIG] <input type="checkbox"/> Contract Claim Signatory [CLAIMSIG] <input type="checkbox"/> Contract Viewer [CONVIEWER]	
This section is to be completed by the Head of the Organization or Chief Administrative Officer (i.e. Executive Director/CEO). I hereby authorize the Contract Developer identified above to develop contracts online using CMS (or to be disabled as indicated), the identified Claim Signatory identified above to electronically log and sign contract claims (or be disabled as indicated) and also authorize the Contract Signatory identified above to electronically sign contracts (or to be disabled as indicated) on behalf of our organization.		
Name of Head of Agency		
Title		
Email Address*		
Phone Number		
Signature		
Date		

* This should be an individual email address. Confidential User Id information will be emailed to this address.



