# Announcement of Funding Opportunity

GC 20-013a: Charter School Expansion Grants

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| Legislative Authority | Charter Schools Program, authorized by Title IV, Part C of the Elementary and Secondary Education Act (ESEA) as amended by the Every Student Succeeds Act (ESSA). |
| **Purpose of Grant** | To support the expansion of high-quality educational opportunities for students in New York State by expanding the number of seats in existing charter schools in New York State that are already providing a significant educational benefit to students, especially those who are at the greatest risk of not meeting State academic standards. |
| **Project Period** | July 1, 2022 – June 30, 2024 |
| Eligible Applicants | Existing charter school education corporations, operating one or more charter schools, that are authorized by one of New York State’s charter entities – the Board of Regents, the Buffalo Board of Education, the New York City Department of Education, the SUNY Board of Trustees. The education corporation will apply on behalf of a charter school it operates, where the charter school has had its charter renewed by the school’s charter authorizer at least once. |
| **Amount of Funding** | $18,500,000, **subject to availability of funds**. |
| **Application Due Date and Mailing Address** | Applicants must submit an electronic version of the completed application (including FS-10 budget) to [GC20.013@nysed.gov](mailto:GC20.013@nysed.gov) no later than **November 19, 2021.**  Applicants must also mail one (1) original copy of the FS-10 budget with original signature, postmarked no later than **November 19, 2021**, to:  Charter School Office  New York State Education Department  Room 5N EB Mezzanine  Albany, New York 12234  Attn: Valerie Kowalski |
| Questions and Answers | All questions must be submitted via email to [GC20.013@nysed.gov](mailto:GC20.013@nysed.gov) by **10/15/21**. A complete list of all Questions and Answers will be posted to [NYSED’s P-12 website](http://www.p12.nysed.gov/funding/currentapps.html) no later than 10/29/21. |
| **Pre-qualification Requirement** | Proposals received from non-profit applicants that are not prequalified in the New York State Grants Gateway by 5:00 PM on the proposal due date of cannot be evaluated. Such proposals will be disqualified from further consideration. Please see the “Prequalification Requirement” section for additional information.  **The charter school education corporation applying on behalf of a charter school must be the entity prequalified in Grants Gateway.** |
| **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. The due date is 11/12//2021. Please send the NOI to [GC20.013@nysed.gov](mailto:GC20.013@nysed.gov). |
| **NYSED Designated Contacts** | Program: Valerie Kowalski  Fiscal: Bethany Bennett  M/WBE: Brian Hackett  [GC20.013@nysed.gov](mailto:GC20.013@nysed.gov) |

The State Education Department does not discriminate on the basis of race, creed, color, national origin, religion, age, sex, military, marital status, familial status, domestic violence victim status, carrier status, disability, genetic predisposition, sexual orientation and criminal record in its recruitment, educational programs, services, and activities. NYSED has adopted a web accessibility policy, and publications designed for distribution can be made available in an accessible format upon request. Inquiries regarding this policy of nondiscrimination should be directed to the Office of Human Resources Management, Room 528 EB, Education Building, Albany, New York 12234.

Charter School Expansion Grants

2022-2024

## **Application Guidance**

### Background

Authorized by Title IV, Part C of the Elementary and Secondary Education Act (ESEA) as amended by the Every Student Succeeds Act (ESSA), the Charter Schools Program provides funding for the purpose of increasing national understanding of the charter school model and to expand the number of high-quality charter schools available to students across the nation. The funds support grants to charter schools to open and prepare for operation, replicate high-quality charter schools, and expand high-quality charter schools.

NYSED received a competitive Expanding Opportunities Through Quality Charter Schools Program (CSP) grant from the U.S. Department of Education in October 2018. The purpose of New York’s CSP grant is to increase the number of high-quality charter school seats in the State, especially in charter schools serving students who are at greatest risk of not meeting State academic standards, and to improve student achievement outcomes in the State’s charter schools, particularly for students who are at greatest risk of not meeting State academic standards, through high-quality charter school authorizing and technical assistance.

**Program Goal**

To further the CSP grant’s project objective of supporting the expansion of high-quality educational opportunities for students in New York State, the goal of this grant program is to increase the number of seats in existing charter schools in New York State that are already providing a significant educational benefit to students, especially those who are at the greatest risk of not meeting State academic standards. The grant program also provides opportunities to improve student achievement outcomes, especially for students who are at the greatest risk of not meeting State academic standards.

**Eligibility**

An eligible applicant must be an existing charter school education corporation, operating one or more charter schools, that is authorized by one of New York State’s charter entities – the Board of Regents, the Buffalo Board of Education, the New York City Department of Education, the SUNY Board of Trustees.

The education corporation meeting the criteria above will apply on behalf of a charter school it operates, where the charter school meets the following condition:

* The charter school must have had its charter renewed by the school’s charter authorizer at least once.

A charter school is **ineligible** for this grant if it:

* Was awarded a CSP planning and implementation grant by NYSED within the last five years;
* Received or will be in receipt of funds from a CMO grant awarded by the U.S. Department of Education within the last five years.

**Condition of Award**

Any charter school education corporation seeking to expand a charter school it operates may apply for this grant opportunity, provided that the charter school meets the eligibility requirements listed above. Provided that all application requirements are met at the time of application, the application will be reviewed as part of the competitive process. Should the application score high enough to potentially be awarded a grant, NYSED will consider awarding a grant only after the education corporation provides proof that the expansion has been approved by its authorizer.

### Funding Amounts

The total amount of funding available is $18,500,000, subject to availability. Eligible applicants may apply for up to but no more than $1,250,000 over the 2-year period of the grant.

The NYSED CSO will provide a preference in the form of bonus points to schools implementing a priority school design that aligns with New York State's Approved Every Student Succeeds Act Plan[[1]](#footnote-1) and the strategic priorities of the Board of Regents[[2]](#footnote-2). The priority school designs are:

* Bilingual and/or dual-language models[[3]](#footnote-3);
* Innovative special education models that focus on the provision of services to a specific low incidence disability group;
* Models that will provide students with career and technical education (CTE) certification(s), or a pathway to such credentials, through a program that has or will seek NYSED CTE program approval[[4]](#footnote-4);
* Models where at least two-thirds of students will qualify as being identified in one or more of the following categories:
  + Court-involved or adjudicated gang-involved youth
  + In foster care
  + Interrupted formal education
  + Living in temporary housing
  + McKinney-Vento eligible
  + Over-age and under-credited
  + Students with mental health or substance use diagnoses
* Partnerships with existing community-based organizations (CBOs) and/or institution of higher education (IHEs) in the school district or region in which the CBO and/or IHE is established.

If new or additional funding becomes available and NYSED chooses to distribute this funding to applicants for this current RFP, NYSED will allocate the funds in this order by:

1. Making whole any funded programs that have received a partial award;
2. Approving awards, in rank order, for eligible applicants who received passing scores, but who did not rank high enough to receive the initial funding; and
3. Allocating additional funds among already awarded programs. Maximum request amounts will be established by distributing funding proportionally (based on total annual budget) to those currently funded projects.

This plan will be subject to review and approval by the Office of the State Comptroller.

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

### Allowable Expenditures and Funding Restrictions

All proposed expenditures must be reasonable, necessary, allowable and allocable. Grant funds may only be expended for activities **directly related** to expansion of a high-quality charter school, as follows:

* Purchasing supplies, equipment, technology and educational materials;
* Developing educational materials, including curriculum design;
* Minor repairs to the educational facility (excluding construction) and necessary renovations that would ensure that the facility complies with applicable statutes and regulations;
* Recruiting of students and staff, and other community engagement activities.
* Providing professional development;
* Obtaining professional and technical services;
* Facilities rental/lease (only from contract start date to July 1 of the school year when student enrollment begins);
* Hiring and compensating leaders, administrators, teachers and support personnel for activities directly related to the expansion but *not* to ongoing school operations.

Other activities may be allowable as long as 1) they are allowable under Uniform Guidance and 2) they support preparing for the expansion of a high-quality charter school. Costs associated with these activities must be *non-sustained*, where the costs cannot be funded by other sources.

Activities that are **not** allowable include:

* Lobbying
* Professional fees not related to expansion
* Food
* Student activities, such as field trips
* Construction and capital improvements
* Incentives/awards

### Budget (FS-10)

Applicants must complete and submit an FS-10 budget with this application for the initial 12-month project period. The 12-month budget will be reviewed and scored.

Budgeted costs must comply with applicable State and federal laws and regulations and the Department’s Fiscal Guidelines. These guidelines, as well as the FS-10 form, are available online at the [Grants Finance website](http://www.oms.nysed.gov/cafe). The FS-10 must bear the original signature of the Chief School/Administrative Officer of the charter school education corporation.

Information about the categories of expenditures and general information on allowable costs, applicable cost principles and administrative regulations are available in the [Fiscal Guidelines for Federal and State Aided Grants](http://www.oms.nysed.gov/cafe/guidance/guidelines.html).

The budget should be reasonable and appropriate to cover program expenses.

For more information, visit the [Grants Finance website](http://www.oms.nysed.gov/cafe/guidance/faqs.html)

### Reporting and Monitoring

Grantees must submit an annual performance report at the end of each grant period but no later than the first Friday in Octoberof each year of the grant. The performance report should demonstrate that substantial progress has been made toward meeting the project goals and the program performance indicators.  Additional information about the annual performance report will be made available to grantees by SED after grant awards are made. Grantees who do not demonstrate adequate performance may be discontinued.

### Requirements for Funding

**Registration In Federal System for Award Management (SAM)** – In order to be awarded federal funds, an agency must be registered and maintain registration in the federal [System for Award Management](https://sam.gov/SAM/) known as SAM. SAM is a government-wide, web-enabled database that collects, validates, stores and disseminates business information about organizations receiving federal funds. Information on an agency’s registration in SAM needs to be provided on the Payee Information Form that must be submitted with the application.

**Payee Information Form/NYSED Substitute W-9** – The [Payee Information Form](http://www.oms.nysed.gov/cafe/forms/PIform.pdf) 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](https://grantsmanagement.ny.gov/) website (<https://grantsmanagement.ny.gov/>).

**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 11/19/2021 cannot be evaluated. Such proposals will be disqualified from further consideration.**

**The charter school education corporation applying on behalf of a charter school must be the entity prequalified in Grants Gateway.**

### 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.

For additional information about grants, please refer to the [Fiscal Guidelines for Federal and State Aided Grants](http://www.oms.nysed.gov/cafe/guidance/guidelines.html).

### 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.

### 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.

### 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](https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&XID=4687).

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

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

COMPLETE FORMS:

M/WBE Goal Calculation Worksheet

M/WBE Cover Letter

M/WBE 100 Utilization Plan

M/WBE 101 Request for Waiver

M/WBE 102 Notice of Intent to Participate

M/WBE 105 Contractor’s Good Faith Efforts

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

COMPLETE FORMS:

M/WBE Goal Calculation Worksheet

M/WBE Cover Letter

M/WBE 101 Request for Waiver

M/WBE 105 Contractor’s Good Faith Efforts

**GOOD FAITH EFFORTS**

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

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

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

**REQUEST FOR WAIVER**

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

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

All payments to Minority and Women-Owned Business Enterprise subcontractor(s) should be reported to the NYSED M/WBE Program Unit using the M/WBE 104G Quarterly M/WBE Compliance Report. This report should be submitted on a quarterly basis and can be requested at [MWBEGrants@nysed.gov](mailto: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](mailto: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.

### 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.

### 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 Program Contact person at [GC20.013@nysed.gov](mailto:GC20.013@nysed.gov)

The program staff will 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 [GC20.013@nysed.gov](mailto:GC20.013@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 seven (7) business days of the receipt of the protest. The original protest and decision will be filed with OSC when the contract procurement record is submitted for approval and CAU will advise OSC that a protest was filed.

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.

### 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](http://www.osc.state.ny.us/vendrep/resources_docreq_agency.htm).

NYSEDrecommends that vendorsfile 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](https://www.osc.state.ny.us/vendrep/info_vrsystem.htm) or go directly to the [VendRep System online](https://onlineservices.osc.state.ny.us/).

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

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the [VendRep website](https://www.osc.state.ny.us/vendrep/forms_vendor.htm) 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](http://www.wcb.ny.gov/content/main/Employers/Employers.jsp). Alternatively, questions relating to either workers’ compensation or disability benefits coverage should be directed to the NYS Workers’ Compensation Board, Bureau of Compliance at (518) 486-6307.

**The University of the State of New York**

**THE STATE EDUCATION DEPARTMENT**

**Albany, NY 12234**

**2022-2024 Charter School Expansion Grants**

**Application Cover Page**

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| --- | --- | --- |
| **Name of Charter School Education Corporation** | | |
| **Name of Charter School** | | |
| **Charter School Address** | | |
| **City Zip Code** | | |
| **Grant Contact Person** | | **Telephone** |
| **E-Mail Address** | |  |
| I hereby certify that the information contained in this application is, to the best of my knowledge, correct and that the entity named above has authorized me as its representative. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, Assurances, Terms and Conditions of the Master Contract for Grants, and that the requested budget amounts are necessary for the implementation of this project. It is understood by the applicant that this application constitutes an offer and, if accepted by the NYS Education Department or renegotiated to acceptance, will form a binding agreement. It is also understood by the applicant that immediate written notice will be provided to the grant program office if at any time the applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances. | | |
| Authorized Signature | Title of Chief School/Administrative Officer | |
| Typed Name: | Date: | |

**2022-2024 New York State Charter School Expansion Grants**

**Application Checklist**

**Applicant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| Required Documents | Checked - Applicant | Checked - NYSED |
| Application Cover Page (with original signatures in blue ink) |  |  |
| Application Checklist |  |  |
| Worker’s Compensation Documentation (encouraged) |  |  |
| Disability Benefits Documentation (encouraged) |  |  |
| Is the applicant prequalified? (While no documentation is required with the application, the applicant must be prequalified in order to apply for this grant.) |  |  |
| **Proposal Narrative (in the following order):** |  |  |
| Need for Program (no more than six pages) |  |  |
| Proposed Activities/Project Narrative (no more than six pages) |  |  |
| Organizational Capacity (no more than two pages) |  |  |
| Priority School Design, if applicable (no more than two pages) |  |  |
| **Budget and Budget Narrative:** |  |  |
| FS-10 Budget (July 1, 2022 – June 30, 2023) |  |  |
| 2-year Budget Narrative (no more than three pages) |  |  |
| 2-year Budget Summary Chart |  |  |
| |  |  |  |  | | --- | --- | --- | --- | | **M/WBE Documents Package (containing original signatures)**  Full Participation  Request Partial Waiver  Request Total Waiver | | | | | **Type of Form** | **Full Participation** | **Request Partial Waiver** | **Request Total Waiver** | | M/WBE Cover Letter |  |  |  | | M/WBE 100 Utilization Plan |  |  | N/A | | M/WBE 102 Notice of Intent to Participate |  |  | N/A | | EEO 100 Staffing Plan and Instructions |  |  |  | | M/WBE 105 Contractor’s Good Faith Efforts | N/A |  |  | | M/WBE 101 Request for Waiver Form and Instructions | N/A |  |  | | | | |

**Submission Instructions and Method of Award**

**Page Limits and Formatting Specifications**

The Proposal Narrative and Budget Narrative are to be submitted on single-spaced 8.5” x 11” pages with one-inch margins.  Charts/tables are not required to adhere to this standard. Use a Times Roman or Arial font in a 12-point size. If the Proposal Narrative and Budget Narratives exceed the page limits listed in the application checklist, the excess pages will not be read by the reviewers. Do not include any attachments or addenda.

**Proposal Narrative (80 Points)**

Provide a comprehensive description of the proposed project.   Be clear, precise and adhere to the following required format. The narrative will be reviewed in accordance with the Proposal Narrative Rubric.

**Need for Grant Program (40 Points)**

* Describe the extent and nature of the expansion of the charter school, including timeframe;
* Provide the status of the charter revision permitting the expansion (e.g., approved by authorizer, under review by authorizer, to be submitted to authorizer);
* State the amount of funds requested and describe how the extent and nature of the expansion justifies the amount of funds requested;
* Explain why the education corporation is in need of grant funds in order to undertake the expansion;

# Identify specific academic, social-emotional, and community needs and/or concerns to be addressed through the proposed grant program.

**Proposed Activities/Project Narrative (30 Points)**

* Describe the goals and objectives of the grant program in clearly-specified and measurable terms;
* Describe the strategy for implementing the expansion and how the strategy will result in meeting the grant program’s goals and objectives;
* Describe the specific activities that the charter school will conduct to expand the charter school, including a timeline, and how grant funds will support those activities.

**Organizational Capacity (10 Points)**

* Provide evidence that the charter school education corporation has the management and leadership necessary to expand the charter school;
* Provide evidence that the charter school has the organizational capacity, including human capital with financial expertise/capacity, to successfully manage the grant program and complete the expansion;
* Describe how the school’s board of trustees will monitor and oversee the school’s management to ensure the grant program meets the goals and objectives set forth in this proposal;
* Identify and address the capacity of staff, partners and/or potential contractors who will be working on and overseeing the grant project.

**Priority School Design (5 Bonus Points)**

If applicable, provide a statement or other definitive evidence from the charter school’s authorizer that the charter school itself (not the education corporation) implements one or more of the following priority school designs:

* Bilingual and/or dual-language models[[5]](#footnote-5);
* Innovative special education models that focus on the provision of services to a specific low incidence disability group;
* Models that will provide students with career and technical education (CTE) certification(s), or a pathway to such credentials, through a program that has or will seek NYSED CTE program approval[[6]](#footnote-6);
* Models where at least two-thirds of students will qualify as being identified in one or more of the following categories:
  + Court-involved or adjudicated gang-involved youth
  + In foster care
  + Interrupted formal education
  + Living in temporary housing
  + McKinney-Vento eligible
  + Over-age and under-credited
  + Students with mental health or substance use diagnoses
* Partnerships with existing community-based organizations (CBOs) and/or institution of higher education (IHEs) in the school district or region in which the CBO and/or IHE is established.

**FS-10 Budget Form and Budget Narrative (20 Points)**

**FS-10 Budget Form**

Using the FS-10 Budget Form, provide an itemized budget of how the requested funds will be used for the **first year** of the project.

Budgeted items must be reasonable in cost and necessary for the project in order to receive the maximum points. NYSED staff will eliminate any unallowable or unreasonable items in the budget. Grantees will not be allowed to substitute new items for those that have been eliminated.

Budgeted costs must comply with applicable State and federal laws and regulations and the Department’s Fiscal Guidelines. These guidelines, as well as the FS-10 form, are available online on the [Grants Finance website](http://www.oms.nysed.gov/cafe). The FS-10 must bear the original signature of the Chief School/Administrative Officer.

Information about the categories of expenditures and general information on allowable costs, applicable cost principles and administrative regulations are available in the [Fiscal Guidelines for Federal and State Aided Grants](http://www.oms.nysed.gov/cafe/guidance/guidelines.html).

**Budget Narrative**

Complete a budget narrative that details and justifies the funding request, including all proposed expenditures, indicating the calculation of costs, and illustrating how the proposed expenditures support the program’s activities and contribute to program goals and objectives.

For each proposed expenditure, include:

* All information in a manner that will allow reviewers to clearly understand the basis of calculation for each proposed expenditure; describe how the proposed expenditures will be used to support the project activities and contribute to the program goals;
* How the proposed expenditures are necessary, reasonable, and allowable;
* How the proposed expenditures are supplemental and do not supplant or duplicate current activities.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year 1**  (July 1, 2022 – June 30, 2023) | | |  | **Year 2**  (July 1, 2023 – June 30, 2024) | | |  | **TOTAL Project Period**  (July 1, 2022 – June 30, 2024) | | |
| Categories | Code | Costs | Categories | Code | Costs | Categories | Code | Costs |
| Professional Salaries | 15 |  | Professional Salaries | 15 |  | Professional Salaries | 15 |  |
| Support Staff Salaries | 16 |  | Support Staff Salaries | 16 |  | Support Staff Salaries | 16 |  |
| Purchased Services | 40 |  | Purchased Services | 40 |  | Purchased Services | 40 |  |
| Supplies and Materials | 45 |  | Supplies and Materials | 45 |  | Supplies and Materials | 45 |  |
| Travel Expenses | 46 |  | Travel Expenses | 46 |  | Travel Expenses | 46 |  |
| Employee Benefits | 80 |  | Employee Benefits | 80 |  | Employee Benefits | 80 |  |
| Indirect Cost (IC) | 90 |  | Indirect Cost (IC) | 90 |  | Indirect Cost (IC) | 90 |  |
| BOCES Service | 49 |  | BOCES Service | 49 |  | BOCES Service | 49 |  |
| Minor Remodeling | 30 |  | Minor Remodeling | 30 |  | Minor Remodeling | 30 |  |
| Equipment | 20 |  | Equipment | 20 |  | Equipment | 20 |  |
| **Total** | |  |  | **Total** | |  |  | **Total** | |  |
|  | | | | | | | | | | |

### ****Method of Award****

Each eligible proposal will be reviewed by at least two reviewers. Each reviewer will score the proposal according to the indicated point criteria in the Proposal Narrative and the Budget using the Proposal Evaluation 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.

Proposals will be ranked in order of final average score from highest to lowest. In the event of tie scores, proposals with the highest score in the Proposal Narrative will be ranked higher.

Proposals that receive a final average score of 60 or more (not including bonus points) will be considered for funding. Applicants will be funded in rank order until the funds are exhausted. In the event there are insufficient funds to fund the next ranked applicant in full, the next ranked applicant will be given the opportunity to operate a smaller program using the remaining funds.

Proposal Evaluation Rubric

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant: | | |  | |
| Reviewer: | | Date Reviewed: | | Score: |
|  |  |  |  |  |

**All applicants must receive a minimum score of 60 points (not including bonus points) to be considered for funding. Any awarded bonus points will be added to the final score for purposes of ranking proposals.**

Rating Guidelines:

Very Good - Specific and comprehensive. Complete, detailed, and clearly articulated information as to how the criteria are met. Well-conceived and thoroughly developed ideas.

Good - General but sufficient detail. Adequate information as to how the criteria are met, but some areas are not fully explained and/or questions remain. Some minor inconsistencies and weaknesses.

Fair - Unclear and non-specific. Limited information is provided about approach and strategies. Lacks focus and detail.

Poor - Does not meet the criteria, fails to provide information, provides inaccurate information, or provides information that requires substantial clarification as to how the criteria are met.

Not Found - Does not address the criteria or simply re-states the criteria.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Need for Program (40 Points) | Very Good | Good | Fair | Poor | NF |
| a. Describes the extent and nature of the expansion of the charter school, including timeframe. | 10 | 7.5 | 5 | 2.5 | 0 |
| b. States the amount of funds requested; describes how the extent/nature of the expansion justifies the amount of funds requested. | 10 | 7.5 | 5 | 2.5 | 0 |
| c. Explains why the education corporation needs grant funds in order to undertake the expansion. | 10 | 7.5 | 5 | 2.5 | 0 |
| d. Identifies specific academic, social-emotional and community needs and/or concerns to be addressed through the proposed grant program. | 10 | 7.5 | 5 | 2.5 | 0 |
| Total (out of 40) |  | | | | |
| Comments: | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2. Proposed Activities/Project Narrative (30 Points) | Very Good | Good | Fair | Poor | NF |
| Describes the goals and objectives of the grant program in clearly-specified and measurable terms. | 10 | 7.5 | 5 | 2.5 | 0 |
| Describes the strategy for implementing the expansion and how the strategy will result in meeting the goals and objectives of the grant program. | 10 | 7.5 | 5 | 2.5 | 0 |
| Describes the specific activities that the charter school will conduct to expand the charter school and how grant funds will support those activities. Includes a timeline. | 10 | 7.5 | 5 | 2.5 | 0 |
| Total (out of 30) |  | | | | |
| Comments: | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3. Organizational Capacity (10 Points) | Very Good | Good | Fair | Poor | NF |
| Provides evidence that the charter school education corporation has the governance, management, and leadership necessary to expand the charter school as well as the organizational capacity, including human capital with financial expertise, to successfully manage and complete the expansion. | 5 | 3.75 | 2.5 | 1.25 | 0 |
| Identifies the staff and/or potential contractors who will be working on and overseeing the grant project and their capacity to do so. | 5 | 3.75 | 2.5 | 1.25 | 0 |
| Total (out of 10) |  | | | | |
| Comments: | | | | | |

|  |  |  |
| --- | --- | --- |
| 4. School Design (5 Bonus Points) | Yes | No |
| Provides a statement or other definitive evidence from the charter school’s authorizer that the charter school (not the education corporation) implements one or more of the following priority school designs:   * Bilingual and/or dual-language models; * Innovative special education models that focus on the provision of services to a specific low incidence disability group; * Models that will provide students with career and technical education (CTE) certification(s), or a pathway to such credentials, through a program that has or will seek NYSED CTE program approval[[7]](#footnote-7); * Models where at least two-thirds of students will qualify as being identified in one or more of the following categories:   + Court-involved or adjudicated gang-involved youth   + In foster care   + Interrupted formal education   + Living in temporary housing   + McKinney-Vento eligible   + Over-age and under-credited   + Students with mental health or substance use diagnoses   Partnerships with existing community-based organizations (CBOs) and/or institution of higher education (IHEs) in the school district or region in which the CBO and/or IHE is established. | 5 | 0 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5. Budget Narrative (20 points) | Very Good | Good | Fair | Poor | NF |
| The budget narrative presents information regarding proposed expenditures in a manner that will allow reviewers to clearly understand the basis of calculation for each proposed expenditure; describes how the proposed expenditures will be used to support the project activities and contribute to the program goals. | 10 | 7.5 | 5 | 2.5 | 0 |
| The budget narrative describes how the proposed expenditures are necessary, reasonable, and allowable. | 5 | 3.75 | 2.5 | 1.25 | 0 |
| The budget narrative describes how the proposed expenditures are supplemental and do not supplant or duplicate current activities. | 5 | 3.75 | 2.5 | 1.25 | 0 |

**Appendix Z**

**Required Assurances and Certifications**

The following assurances and certifications are a component of your application. ***By signing the certification on the application cover page, you are ensuring accountability and compliance with applicable State and federal laws, regulations, and grants management requirements.***

#### 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.

**ASSURANCES AND CERTIFICATIONS FOR FEDERAL PROGRAM FUNDS**

Federal Assurances and Certifications, General:

* Assurances – Non-Construction Programs
* Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters
* Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions

Federal Assurances and Certifications, ESEA:

The following are required as a condition for receiving any federal funds under the Elementary and Secondary Education Act (ESEA).

* ESEA Assurances
* School Prayer Certification

**ASSURANCES - NON-CONSTRUCTION PROGRAMS**

**Note:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Education Department Program Contact listed in the Application. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, and by signing the Application Cover Page, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management, and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352), which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C.§§ 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§ 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646), which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328), which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874) and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
11. Will comply with environmental standards that may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1721 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm-blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.), which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and 2 CFR Part 200, Audits of States, Local Governments, and Non-Profit Organizations.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

**Standard Form 424B (Rev. 7-97), Prescribed by 2 CFR Part 200, Authorized for Local Reproduction, as amended by New York State Education Department**

**CERTIFICATIONS REGARDING LOBBYING, DEBARMENT, SUSPENSION AND OTHER**

**RESPONSIBILITY MATTERS**

These certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Education determines to award the covered transaction, grant, or cooperative agreement.

**1. LOBBYING**

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 2 CFR Part 200, for persons entering into a grant or cooperative agreement over $100,000, as defined at 34 CFR Sections 82.105 and 82.110, the applicant certifies that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

**2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

This certification is required by OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement), 2 CFR Part 180

**A. The applicant certifies that it and its principals:**

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
2. Have not within a three-year period preceding this application been convicted of any offenses listed in 2 CFR §180.800(a) or had a civil judgment rendered against them for one of those offenses within that time period;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses listed in 2 CFR §180.800(a); and
4. Have not within a three-year period preceding this application had one or more public transaction (Federal, State, or local) terminated for cause or default.

**B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.**

**3. DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIERED COVERED TRANSACTIONS**

The terms “debarment,” “suspension,” “excluded,” “disqualified,” “ineligible,” “participant,” “person,” “principal,” “proposal,” and “voluntarily excluded” as used in this certification have the meanings set forth in 2 CFR Part 180, Subpart I, “Definition.” A transaction shall be considered a “covered transaction” if it meets the definition in 2 CFR Part 180 Subpart B, “What is a covered transaction?”

1. **The applicant certifies that it and its principals:**
2. Upon approval of their application, in accordance with 2 CFR Part 180 Subpart C, they shall not enter into any lower-tier non-procurement covered transaction with a person without verifying that the person is not excluded or disqualified unless authorized by USDOE.
3. Will obtain an assurance from prospective participants in all lower tier covered non-procurement transactions and in all solicitations for lower tier covered non-procurement transactions that the participants will comply with the provisions of 2 CFR Part 180 subparts A, B, C and I.
4. Will provide immediate written notice to the New York State Education Department if at any time the applicant and its principals learn that a certification or assurance was erroneous when submitted or has become erroneous because of changed circumstances.

**New York State Department of Education**

**eLEMENTARY AND SECONDARY EDUCATION ACT (ESEA) Assurances**

**These assurances are required for programs funded under the Elementary and Secondary Education Act as amended by the Every Student Succeeds Act of 2015.**

As the chief school officer of the applicant, by signing the Application Cover Page, I certify that:

1. the applicant will comply with the requirements of Education Law § 3214(3)(d) and (f) and the Gun-Free Schools Act (20 U.S.C. § 7151);
2. the applicant will comply with the requirements of 20 U.S.C. § 7908 on military recruiter access;
3. the applicant will comply with the requirements of 20 U.S.C. § 7904 on constitutionally protected prayer in public elementary and secondary schools;
4. the applicant will comply with the requirements of Education Law § 2802(7), and any state regulations implementing such statute and 20 U.S.C. § 7912 on unsafe school choice;
5. the applicant will comply with all fiscal requirements that apply to the program, including but not limited to any applicable supplement not supplant or local maintenance of effort requirements; and
6. the applicant understands the importance of privacy protections for students and is aware of the responsibilities of the grantee under section 20 U.S.C. 1232g (FERPA) (ESSA §854).

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** |
|  | **Total Budget** |  |  |
|  | **Professional Salaries** |  |  |
|  | **Support Staff Salaries** |  |  |
|  | **Fringe Benefits** |  |  |
|  | **Indirect Costs** |  |  |
|  | **Rent/Lease/Utilities\*** |  |  |
|  | **Sum of lines 2, 3 ,4 ,5, and 6** |  |  |
|  | **Line 1 minus Line 7** |  |  |
|  | **M/WBE Goal percentage (30%)** |  | **0.30** |
|  | **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. |
| Signature/Date |
| Typed or Printed Name of Authorized Representative of the Firm |
| Typed or Printed Title/Position of Authorized Representative of the Firm |

**M/WBE UTILIZATION PLAN**

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

Bidder/Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City, State, ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RFP No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

|  |
| --- |
| REVIEWED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_  UTILIZATION PLAN APPROVED YES/NO DATE \_\_\_\_\_\_\_\_\_\_  NOTICE OF DEFICIENCY ISSUED YES/NO DATE \_\_\_\_\_\_\_\_\_\_  NOTICE OF ACCEPTANCE ISSUED YES/NO DATE \_\_\_\_\_\_\_\_\_\_ |

NAME AND TITLE OF PREPARER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*print or type)*

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

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**M/WBE 100**

**M/WBE SUBCONTRACTORS AND SUPPLIERS**

**NOTICE OF INTENT TO PARTICIPATE**

|  |
| --- |
| INSTRUCTIONS: Part A of this form must be completed and signed by the Bidder/Applicant unless requesting a total waiver. Parts B & C of this form must be completed by MBE and/or WBE subcontractors/suppliers. The Bidder/Applicant must submit a separate M/WBE Notice of Intent to Participate form for each MBE or WBE as part of the proposal/application. |
|  |
| Bidder/Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal ID No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_ ZIP Code\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Authorized Representative of Bidder/Applicant’s Firm Print or Type Name and Title of Authorized Representative of Bidder/Applicant’s Firm  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PART B - THE UNDERSIGNED INTENDS TO PROVIDE SERVICES OR SUPPLIES IN CONNECTION WITH THE ABOVE PROCUREMENT/APPLICATION:**  Name of M/WBE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal ID No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, ZIP Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **BRIEF DESCRIPTION OF SERVICES OR SUPPLIES TO BE PERFORMED BY MBE OR WBE:**   |  | | --- | |  |   **DESIGNATION:** \_\_\_\_MBE Subcontractor \_\_\_\_WBE Subcontractor \_\_\_\_ MBE Supplier \_\_\_\_WBE Supplier |
|  |
| **PART C - CERTIFICATION STATUS (CHECK ONE):**  \_\_\_\_\_ The undersigned is a certified M/WBE by the New York State Division of Minority and Women-Owned Business Development (MWBD).  **THE UNDERSIGNED 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.

**ESTIMATED**

**DATE** **M/WBE NAME PHONE/EMAIL TYPE OF WORK BUDGET REASON**

1.

2.

3.

4.

5.

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

\_\_\_\_\_\_\_**A.** Did not have the capability to perform the work

\_\_\_\_\_\_\_**B**. Contract too small

\_\_\_\_\_\_\_**C.** Remote location

\_\_\_\_\_\_\_**D.** Received solicitation notices too late

\_\_\_\_\_\_\_**E.** Did not want to work with this contractor

\_\_\_\_\_\_\_**F.** Other (give reason) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Authorized Representative Signature** **Date** **Print Name**

**M/WBE 105A**

**REQUEST FOR WAIVER FORM**

|  |  |
| --- | --- |
| **BIDDER/APPLICANT NAME:** | **TELEPHONE:**  **EMAIL:** |
| **ADDRESS:** | **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):** | |
| * **MBE Waiver** - A waiver of the MBE goal for this procurement is requested. * **Total** **🞎 Partial \_\_\_\_\_\_\_%** | * **WBE Waiver** - A waiver of the WBE goal for this procurement is requested. * **Total** **🞎 Partial \_\_\_\_\_\_\_%** |

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 🞎 YES 🞎 NO**  🞎 TOTAL WAIVER 🞎 PARTIAL WAIVER  🞎 NOTICE OF DEFICIENCY  🞎 CONDITIONAL WAIVER COMMENTS: |

**M/WBE 101REQUIREMENTS 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: | | |  | | | | | | |  | Telephone: | | | | |  | |  | |  | | | | | | | | | | | |
| Address: | | |  | | | | | | |  | Federal ID No.: | | | | | | |  | |  | | | | | | | | | | | |
| City, State, ZIP: | | |  | | | | | | |  | Project No: | | | | | | |  | |  | | | | | | | | | | | |
|  | |  |  |  |  |  |  |  |  |  |  | | |  | |  | |  | |  | |  |  |  | |  | |  |  |  |  |
| Report includes: | | |  |  |  |  |  |  |  |  |  | | | | | | |  | |  | |  |  |  | |  | |  |  |  |  |
|  | Work force to be utilized on this contract OR | | | | | | |  |  |  |  | |  | | | | |  | |  | |  |  |  | |  | |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |  | |  | | |  | |  | |  | |  |  |  | |  | |  |  |  |  |
|  | Applicant’s total work force | | | | | | |  |  |  |  | |  | | | | | | | | | |  | | | | | | | | |
| **Enter the total number of employees in each classification in each of the EEO-Job Categories identified.** | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | |  |  |  |  |
| EEO - Job Categories | | | | | Total Work Force | Race/Ethnicity - report employees in only one category | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hispanic or Latino | | Not-Hispanic or Latino | | | | | | | | | | | | | | | | | | | | | | | |
| Male | | | | | | | | | | | | | | Female | | | | | | | | | |
| Male | Female | White | African-American or Black | Native Hawaiian or Other Pacific Islander | | Asian | | | American Indian or Alaska Native | | Two or More Races | | Disabled | | Veteran | White | African-American | | Native Hawaiian or Other Pacific Islander | | Asian | American Indian or Alaska Native | Two or More Races | Disabled | 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*): | | | |  | | | | | | | |  | | | DATE: | |  | |  | |  | | | | | | | | | | |
| NAME AND TITLE OF PREPARER: | | | | |  | | | | | | |  | | | TELEPHONE/EMAIL: | | | | | | |  | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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. | | | | | | | | | | | | | | | | | | | | | | |
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| **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](mailto: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. | | | | | | | | | | | | | | | | | | | | | |
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| **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: | | | | | | | | | | | | | | | | | | | | | | |
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| • | **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**

1. New York State's Approved Every Student Succeeds Act Plan can be found at <http://www.nysed.gov/essa/nys-essa-plan>. [↑](#footnote-ref-1)
2. The most recent strategic priorities of the Board of Regents as of the publication of this RFP can be found at <https://www.regents.nysed.gov/common/regents/files/State%20Aid%20-%202020-2021%20Regents%20State%20Aid%20Proposal%202.0%20Billion.pdf>. [↑](#footnote-ref-2)
3. Information on bilingual education, including definitions, can be found at <http://www.nysed.gov/bilingual-ed>. [↑](#footnote-ref-3)
4. More information on the NYSED CTE program approval application process can be found at <http://www.nysed.gov/career-technical-education>. [↑](#footnote-ref-4)
5. Information on bilingual education, including definitions, can be found at <http://www.nysed.gov/bilingual-ed>. [↑](#footnote-ref-5)
6. More information on the NYSED CTE program approval application process can be found at <http://www.p12.nysed.gov/cte/>. [↑](#footnote-ref-6)
7. More information on the NYSED CTE program approval application process can be found at <http://www.p12.nysed.gov/cte/>. [↑](#footnote-ref-7)