**Application Cover Page**

**2023-2024 Statewide Universal Full-Day Prekindergarten Expansion Grant for**

**New Four-Year Old Full-Day and Half-Day to Full-Day Prekindergarten Placements**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency Code:** |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **LEA Name** | **Name and Title of LEA Contact** | |
|  |  | |
| **Address** | **Phone** | **E-Mail** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Request** | | | |
| **Number of New Full Day Placements:** |  | **Annualized Amount (for 180 instructional days)**  **$** | |
| **Number of Conversion Placements:** |  |
| **Number of Instructional Days** |  |
| **Funding Requested for 2023-2024 :** | **$** |
| *Amount* ***Must*** *match amount from* ***APPENDIX B – 2023-2024 Full-Day and Half-Day to Full-Day Four-year-old Prekindergarten Maximum Grant Award Request & Collaboration Calculator*** | | | |
| I hereby certify that I am the applicant’s chief school/administrative officer and that the information contained in this application is, to the best of my knowledge, complete and accurate. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, Assurances, Certifications, APPENDIX A, APPENDIX A-1G and that the requested budget amounts are necessary for the implementation of this project. It is understood by the applicant that this application constitutes an offer and, if accepted by the NYS Education Department or renegotiated to acceptance, will form a binding agreement. It is also understood by the applicant that immediate written notice will be provided to the grant program office if at any time the applicant learns that its certification was erroneous when submitted or has become erroneous due to changed circumstances. | | | |
| Original Signature of Chief Administrative Officer (**in blue ink**) | | | Chief Administrative Officer Contact Information |
| X | | | Phone: |
| Typed Name: | | | Fax: |
| Date: | | | E-mail: |

## Application Checklist

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

|  |  |  |
| --- | --- | --- |
| **REQUIRED DOCUMENTS** | | **Checked by Applicant** |
| **1.** | **Application Cover Page** |  |
| **2.** | **Application Checklist** |  |
| **3.** | **APPENDIX B: 2023-2024 New Full-Day Placements**  **or Conversion of Half-Day Placements Four-year-old Prekindergarten Maximum Grant Award Request and Collaboration Calculator** |  |
| **4.** | **Section 1: Abstract** |  |
| **5.** | **Section 2: Need Narrative** |  |
| **6.** | **Section 3: Program Design and Program Quality Narrative** |  |
| **7.** | **Section 4A: Budget Narrative** |  |
| **8.** | **Section 4B: FS-10 Proposed Budget** |  |
| **9.** | **Appendix E: Proposal Submission Template for RFP** |  |
| **10.** | **M/WBE Documents Package** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | **WBE Documents Package (original signatures required)**  **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 Goal Calculation Worksheet** |  |  |  | | **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** |  |  |     Has the applicant complied with the application instructions?  YES  NO  SED Comments:  SED Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Proposal Format**  Proposals must be complete and adhere to the following formatting and submission requirements:  **File Format Requirements:**   * Microsoft Word * Paper size: 8.5” x 11” * Orientation: Portrait * Margins: 1.0 inch * Line spacing: Multiple @ 1.50 lines * Font: Arial 12 point (10 point font size is permissible in charts and tables)   **Proposal Requirements**   * Proposals shall not exceed 15 pages in Length. * Applicants must ensure all sections below are addressed and meet the required page limitations.   + Section 1: Abstract (maximum of 1 page)   + Section 2: Need Narrative (maximum 2 pages)   + Section 3: Program Design & Program Quality Narrative (maximum of 10 pages)   + Section 4: Budget Narrative (maximum 2 pages) and FS-10 Proposed Budget     - FS-10 Proposed Budget (FS-10 is not included in page limit)   **NOTE:** If the any of the sections listed above exceed the identified page limit, the excess pages will not be read or scored by reviewers. |

**Section 1: Abstract (1 page only)**

**Section 2: Need Narrative (2 pages total)**

**Section 3: Program Design & Program Quality Narrative (10 pages total)**

1. **Programmatic Oversight and Fiscal Management**
2. **Facility Quality**
3. **Staffing Patterns, Qualifications, Performance, and Professional Learning;**
4. **Child Eligibility, Outreach & Lottery Process**
5. **Screening, Progress Monitoring and Outcomes**
6. **Child Nutrition, Health, and Well-being;**
7. **Learning Environment and Curriculum**
8. **Family Engagement and Support & Partnerships with Non-profit, Community, and Educational Institutions**

**Section 4: Budget Narrative (2 pages) and FS-10 Proposed Budget (FS-10 is not included in page limit)**

|  |  |
| --- | --- |
| **CODE/BUDGET CATEGORY** | **EXPLAINATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this grant)** |
| **CODE 15**  *Professional Salaries* |  |
| **CODE 16** *Support Staff Salaries* |  |
| **CODE 40**  *Purchased Services* |  |
| **CODE 45**  *Supplies and Materials* |  |
| **CODE 46**  *Travel Expenses* |  |
| **CODE 80**  *Employee Benefits* |  |
| **CODE 90**  *Indirect Cost* |  |
| **CODE 49**  *BOCES Services* |  |
| **CODE 30**  *Minor Remodeling* |  |
| **CODE 20**  *Equipment* |  |

**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- personnel service budget for each year of the grant. Discretionary non- personnel service budget is defined as the total annual budget, excluding the sum of funds budgeted for direct personal services (i.e., professional and support staff salaries) and fringe benefits, as well as rent, lease, utilities, and indirect costs, if these are allowable expenditures. Please complete the following table to determine the dollar amount of the M/WBE goal for this grant application.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Budget Category** | **Amount budgeted for items excluded from M/WBE calculation** | **Totals** |
| **1.** | **Total Budget** |  |  |
| **2.** | **Professional Salaries** |  |  |
| **3.** | **Support Staff Salaries** |  |  |
| **4.** | **Fringe Benefits** |  |  |
| **5.** | **Indirect Costs** |  |  |
| **6.** | **Rent/Lease/Utilities\*** |  |  |
| **7.** | **That portion of the budget in purchased services used for direct educational services provided by public or not for profit organizations.** |  |  |
| **8.** | **Sum of lines 2, 3 ,4 ,5, 6, and 7** |  |  |
| **9.** | **Line 1 minus Line 8** |  |  |
| **10.** | **M/WBE Goal percentage (30%)** |  | **0.30** |
| **11.** | **Line 9 multiplied by Line 10 =MWBE goal amount** |  |  |

\*\* If not included in #5

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

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

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

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

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

**🞎** Full Participation – No Request for Waiver (PREFERRED)

**🞎** Partial Participation – Partial Request for Waiver

**🞎** No Participation – Request for Complete Waiver

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

**M/WBE UTILIZATION PLAN**

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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Certified M/WBE** | **Classification**  **(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  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Printed or Typed Name and Title of Authorized Representative |

**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)

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

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

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

1.

2.

3.

4.

5.

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

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

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

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

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

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

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

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

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

**M/WBE 105A**

**REQUEST FOR WAIVER FORM**

|  |  |
| --- | --- |
| **BIDDER/APPLICANT NAME:** | **TELEPHONE:**  **EMAIL:** |
| **ADDRESS:** | **FEDERAL ID NO.:** |
| **CITY, STATE, ZIPCODE:** | **RFP#/PROJECT NO.:** |

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

|  |  |
| --- | --- |
| **BIDDER/APPLICANT IS REQUESTING (check all that apply):** | |
| * **MBE Waiver** - A waiver of the MBE goal for this procurement is requested. * **Total** **🞎 Partial \_\_\_\_\_\_\_%** | * **WBE Waiver** - A waiver of the WBE goal for this procurement is requested. * **Total** **🞎 Partial \_\_\_\_\_\_\_%** |

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 101**

**M/WBE 101**

**REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS**

**When completing the Request for Waiver Form, please check all boxes that apply. To be considered, the Request for Waiver Form must be accompanied by documentation for items 1-10, as listed below. Copies of the following information and all relevant supporting documentation must be submitted along with the request.**

1. A statement setting forth your basis for requesting a partial or total waiver.
2. The names of general circulation, trade association, and M/WBE-oriented publications in which you solicited certified M/WBEs for the purposes of complying with your participation goals.
3. A list identifying the date(s) that all solicitations for certified M/WBE participation were published in any of the above publications.
4. A list of all certified M/WBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified M/WBE participation levels.
5. Copies of notices, dates of contact, letters, and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation if an identical solicitation was made to all certified M/WBEs.
6. Provide copies of responses made by certified M/WBEs to your solicitations.
7. Provide a description of any contract documents, plans, or specifications made available to certified M/WBEs for purposes of soliciting their bids and the date and manner in which these documents were made available.
8. Provide documentation of any negotiations between you, the Bidder/Applicant and the M/WBEs undertaken for purposes of complying with the certified M/WBE participations goals.
9. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.
10. Provide the name, title, address, telephone number and email address of the Bidder/Applicant's representative authorized to discuss and negotiate this waiver request.

**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.**

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| **EQUAL EMPLOYMENT OPPORTUNITY - STAFFING PLAN (Instructions on Page 2)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Name: | | |  | | | | | | | | |  | | | Telephone: | | | | | | |  | |  | | |  | | | | | | | | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | |  | | | Federal ID No.: | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | |
| City, State, ZIP: | | |  | | | | | | | | |  | | | Project No: | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | |
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| Report includes: | | |  |  |  |  |  | |  |  | |  | | |  | | | | | | | | |  | | |  | | |  | |  | |  | | |  | |  | |  | |  | |  | |
|  | Work force to be utilized on this contract OR | | | | | | | |  |  | |  | | |  | |  | | | | | | |  | | |  | | |  | |  | |  | | |  | |  | |  | |  | |  | |
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|  | 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 | | | | |  |  | |  |  | |  | |  |  | | | | |  | |  | | | |  | | | |  | |  | |  | | |  | |  | |  | |  | |  | |  |
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| PREPARED BY (*Signature*): | | | |  | | | | | | | | | | | |  | | | | DATE: | | |  | | |  | |  | | | | | | | | | | | | | | | | | | |
| NAME AND TITLE OF PREPARER: | | | | |  | | | | | | | | | | |  | | | | TELEPHONE/EMAIL: | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| (Print or type) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EEO 100** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | | **STAFFING PLAN INSTRUCTIONS** | | | General Instructions: All Bidders/Applicants in the proposal/application must complete an EEO Staffing Plan (EEO 100) and submit it as part of the package. Where the work force to be utilized in the performance of the State contract/project can be separated out, the Bidder/Applicant shall complete this form only for the anticipated work force to be utilized on the State contract/project. Where the work force to be utilized in the performance of the State contract/project cannot be separated out, the Bidder/Applicant shall complete this form for Bidder/Applicant's total work force. | | |  | | | **Instructions for Completing:** | | | 1. | Enter the Project number that this report applies to, along with the name, address, and federal ID number of the Bidder. | | 2. | Check the appropriate box to indicate if the work force being reported is just for the contract/project or the Bidder/Applicant’s total work force. | | 3. | Check off the appropriate box to indicate if the Bidder completing the report is the contractor or subcontractor. | | 4. | Enter the total work force by EEO job category. | | 5. | Break down the total work force by gender and race/ethnic background and enter under the heading Race/Ethnicity. Contact the M/WBE Coordinator, mwbe@nysed.gov, if you have any questions. | | 6. | Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in designated areas. | |  | | | **RACE/ETHNIC IDENTIFICATION** | | | For purposes of this form NYSED will accept the definitions of race/ethnic designations used by the federal Equal Employment Opportunity Commission (EEOC), as those definitions are described below or amended hereafter. (Be advised these terms may be defined differently for other purposes under NYS statutory, regulatory, or case law). Race/ethnic designations as used by the EEOC do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. The race/ethnic categories for this survey are: | | | • | **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. | | • | **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. | | • | **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa. | | • | **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. | | • | **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. | | • | **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community APPENDIX. | | • | **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**