New York State Department of Agriculture and Markets

# IFB#0242: DECORATIONS AND DECORTING SERVICES FOR THE NEW YORK STATE FAIR

## SUBMISSION DOCUMENTS

CONTENTS


- Checklist for Bid Response
- Bid Form (Signature Required Hard Copy Only)
- Subcontracting Form
- Mandatory Requirements Certification Form (Signature Required)
- Non-Collusive Bidding Certification Form (Signature Required)
- MacBride Nondiscrimination Certification Form (Signature Required)
- Procurement Lobbying Law Forms (Signature Required)
- Vendor Responsibility (Signature Required)
- Vendor Assurance No Conflict of Interest (Signature Required)
- Executive Order No. 177 (Signature Required)
- Substitute W-9 Form to obtain SFS Vendor ID (Return if ID needed -Signature Required)
- Experience and References Form
- MWBE Forms
- Envelope Submission Checklists

New York State Department of Agriculture and Markets

# IFB#0242: DECORATIONS AND DECORATING SERVICES FOR THE NEW YORK STATE FAIR

## SUBMISSION DOCUMENTS CHECKLIST

| To be completed by Bidder | BID RESPONSE ITEM<br>**The following forms and documentation must be submitted at the time of bid submission. The Department reserves the right to request any missing information from the items marked with an asterisk (*) below. Bidder will have three (3) business days to provide any missing information requested by the Department for those items marked with an asterisk (*).** | FOR AGR USE ONLY |
|---|---|---|
| ☐ | Attachment 1 – Bid Form | ☐ |
| ☐ | *Attachment 2 – Subcontracting Form | ☐ |
| ☐ | *Attachment 3 – Mandatory Requirements Certification Form | ☐ |
| ☐ | *Attachment 4 – Non-Collusive Bidding Certification | ☐ |
| ☐ | *Attachment 5 – MacBride Nondiscrimination Certification | ☐ |
| ☐ | *Attachment 6 – Procurement Lobby Law Forms | ☐ |
| ☐ | *Attachment 7 – Vendor Responsibility | ☐ |
| ☐ | *Attachment 8 – Vendor Assurance No Conflict of Interest | ☐ |
| ☐ | *Attachment 9 – Executive Order No. 177 | ☐ |
| ☐ | *Attachment 10 – Substitute W-9 Form to obtain SFS ID<br>*RETURN ONLY IF SFS VENDOR ID IS REQUESTED* | *Not a requirement* |
| ☐ | *Attachment 11 – Experience and References Form (IFB Section 3.3, Minimum Qualifications) | ☐ |
| ☐ | *Attachment 12 – MWBE Forms | ☐ |
| | **The following forms are not required until notification of selection is made, however bidders are <u>strongly encouraged</u> to submit the following forms with the bid response.** | |
| Website: | *Sales and Compensating Use Tax Documentation ST-220 CA: http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf ST-220 TD: http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf* | |
| ☐ | ST-220 CA, Sales and Compensating Use Tax Certification | ☐ |
| Website: | *Worker's Compensation Documentation http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp* | |
| ☐ | **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 for New York Entities with No Employees and certain out of State Entities, that New York State Worker's compensation and/or Disability Benefits Insurance is not required OR** | ☐ |
| Website: | **Disability Benefits Coverage http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp** | |
| ☐ | **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.** | ☐ |

## ATTACHMENT 1 - BID FORM

Per Section 3.5 of the IFB, all bids must be submitted on "Attachment 1 - Bid Form." Follow the instructions included in the excel workbook labeled "Attachment 1 – Bid Form."

**ATTACHMENT 2 – SUBCONTRACTING FORM**
**SUBCONTRACTING FORM (YEAR ONE ONLY)**
**(WHOLE DOLLAR FIGURES ONLY)**

Subcontracting is defined as non-employee direct personal services and related incidental expenses, including travel. For vendors using subcontractors, all subcontractors shall be required to complete and submit a Vendor Responsibility Questionnaire for subcontracts valued at $100,000 or more over the term of the contract, or a Contractor Information Checklist for subcontracts valued at less than $100,000 over the term of the contract, unless the subcontractor is an entity that is exempt from reporting by OSC (exempt entities can be found online at http://www.osc.state.ny.us/vendrep/resources_docreq_agency.htm).

YEAR ONE (01/01/2021-12/31/2021)

**Bidder Name: _____**

| Name of Subcontractor and Contact Information | Work Description | Estimated Hours/Days | Cost |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please add additional pages, if required.
Any change in subcontractors during the term of the contract is subject to the prior written approval of AGM. AGM reserves the right to accept or reject any replacement subcontractors proposed by the vendor. This Form must be updated annually and submitted to AGM.

## ATTACHMENT 3 – MANDATORY REQUIREMENTS CERTIFICATION

***Mandatory Contract Requirements:***

By signing this form, the undersigned bidder certifies that, if selected, the bidder meets or will comply with the following requirements:

1) The bidder has been in the business of providing decorations and decorating services continuously for the previous thirty-six (36) months preceding submission of this bid.
   Provide Dates Bidder has been in Business: _____
2) By the contract start date, the bidder owns or has access to the decorations and equipment that meet the requirements in **Section 2.2** of this IFB.
   Include representative photos and specifications/descriptions of the decorations to be provided with your bid.
3) No other obligation or engagement, contractual or otherwise, will impact the selected contractor's ability to provide decorations and decorating services at the New York State Fairgrounds during the contract period.
4) The selected contractor will indemnify and hold harmless the State of New York, the Department, its officers and employees, from all claims, demands, damages, expenses, liability or obligation for damages, loss or injury to, or of, any person or property arising out of the acts of the selected contractor, its agents, servants, employees, and those acting for or on its behalf. Such indemnity shall not be limited by reasons of any insurance coverage provided.
5) The selected contractor will obtain and maintain the insurance policies that meet the requirements set forth in **Exhibit 3** of this IFB.
6) The selected contractor agrees to comply with "Appendix A, Standard Clauses for New York State Contracts," a copy of which is included in the sample New York State AGM contract attached to this IFB as **Exhibit 4**.

**Bid Responses that do not include the signed Mandatory Requirements Certification Form or fail to comply with all of the Mandatory Contract Requirements will be disqualified and removed from further consideration.**

**Bidder Signature** _____ **Date** _____

**Printed Name** _____ **Title** _____

**Company Name** _____ **Company Address** _____

| State of New York<br>Department of Agriculture and Markets<br>10B Airline Drive<br>Albany, NY 12235 | **Non-Collusive Bidding Certification Required by State Finance Law §139-D** |
|---|---|

**ATTACHMENT 4**

**NON-COLLUSIVE BIDDING CERTIFICATION REQUIRED BY SECTION 139-D OF THE STATE FINANCE LAW**

**BY SUBMISSION OF THIS BID, ANY BIDDER AND EACH PERSON SIGNING ON BEHALF OF ANY BIDDER CERTIFIES, AND IN THE CASE OF A JOINT BID, EACH PARTY THERETO CERTIFIES AS TO ITS OWN ORGANIZATION, UNDER PENALTY OF PERJURY, THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF:**

[1] The prices in this bid have been arrived at independently, without collusion, consultation, communication, or agreement, for the purposes of restricting competition, as to any matter relating to such prices with any other Bidder or with any competitor;

[2] Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the Bidder prior to opening, directly or indirectly, to any other Bidder or to any competitor; and

[3] No attempt has been made or will be made by the Bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

**A BID SHALL NOT BE CONSIDERED FOR AWARD NOR SHALL ANY AWARD BE MADE WHERE [1], [2], AND [3] ABOVE HAVE NOT BEEN COMPLIED WITH; PROVIDED HOWEVER, THAT IF IN ANY CASE THE BIDDER(S) CANNOT MAKE THE FOREGOING CERTIFICATION, THE BIDDER(S) SHALL SO STATE AND SHALL FURNISH BELOW A SIGNED STATEMENT WHICH SETS FORTH IN DETAIL THE REASONS THEREFORE.**

[AFFIX ADDENDUM TO THIS PAGE IF SPACE IS REQUIRED FOR STATEMENT]

| State of New York<br>Department of Agriculture and Markets<br>10B Airline Drive<br>Albany, NY 12235 | **Non-Collusive Bidding Certification Required by State Finance Law §139-D** |
|---|---|

Signature _____

Name (Typed) _____

Company Position _____

Company Name _____

Date Signed _____

**Sworn to before me this**

**_____ day of _____, 20____**

**_____**
**Notary Public**

Signature _____

Name (Typed) _____

Company Position _____

Company Name _____

Date Signed _____

**Sworn to before me this**

**_____ day of _____, 20____**

**_____**
**Notary Public**

| State of New York<br>Department of Agriculture and Markets<br>10B Airline Drive<br>Albany, NY 12235 | **MacBride Nondiscrimination Certification** |
|---|---|

**ATTACHMENT 5**

**COMPLETE AND RETURN WITH BID RESPONSE**

**"NONDISCRIMINATION IN EMPLOYMENT IN NORTHERN IRELAND:**
**MACBRIDE FAIR EMPLOYMENT PRINCIPLES"**

In accordance with Chapter 807 of the laws of 1992 the bidder, by submission of this bid, certifies that it or any individual or legal entity in which the bidder holds a 10% or greater ownership, or any individual or legal entity that holds a 10% or greater ownership in the bidder, either:

(Answer Yes or No to one or both of the following, as applicable)

1. Has business operations in Northern Ireland:

_____ Yes _____ No

If yes:

2. Shall take lawful steps in good faith to conduct any business operations they have in Northern Ireland in accordance with the MacBride Fair Employment Principles relating to nondiscrimination in employment and freedom of workplace opportunity regarding such operations in Northern Ireland, and shall permit independent monitoring of compliance with such principles.

_____ Yes _____ No

| |
|---|
| Company Name: |
| Printed Name and Title of Authorized Representative: |
| Signature: |
| Date: |
| Proposal: |
| Commodity: |

| State of New York<br>Department of Agriculture and Markets<br>10B Airline Drive<br>Albany, NY 12235 | Summary of the Department's Policy on<br>State Finance Law §139-j and §139-k |
|---|---|

**Summary of Department and Authority Policy regarding State Finance Law Sections §139-j and §139-k.**

Pursuant to State Finance Law Sections §139-j and §139-k, this solicitation includes and imposes certain restrictions on communications between the Department of Agriculture and Markets, ("Department") and a vendor/contractor during the procurement process. A vendor/contractor is restricted from making contacts from the earliest notice of intent to solicit bids/proposals through final award and approval of the contract by the Department, and, if applicable, Office of the State Comptroller ("restricted period") to other than designated staff unless it is a contact that is included among certain statutory exceptions set forth in State Finance Law Section §139-j(3)(a). Designated staff is identified in this solicitation. Department employees are also required to obtain certain information when contacted during the restricted period and make a determination of the responsibility of the vendor/contractor pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award and in the event of two such findings within a four year period, the vendor/contractor is debarred from obtaining governmental procurement contracts. Further information about these requirements can be found on the Office of General Services Website at: http://www.ogs.state.ny.us/aboutOgs/regulations/defaultAdvisoryCouncil.html

**The Department reserves the right to terminate** a contract in the event it is found that the certification filed by the Offerer in accordance with New York State Finance Law §139-k was intentionally false or intentionally incomplete. Upon such finding, the Department may exercise its termination right by providing written notification to the Offerer in accordance with the written notification terms of the contract.

## Offerer Disclosure of Prior Non-Responsibility Determinations

**1.** Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into the Procurement Contract in the previous four years? (Please circle): No Yes

If yes, please answer questions 1a-1c:

**1a.** Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j (Please circle): No Yes

**1b.** Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity? (Please circle): No Yes

**1c.** If you answered yes to any of the above questions, please provide details regarding the finding of non-responsibility below.

Governmental Entity: _____

Date of Finding of Non-Responsibility: _____

Basis of Finding of Non-Responsibility:

_____

_____

_____

(Add additional pages as necessary)

**2.** Has any Governmental Entity or other governmental agency terminated or withheld a Procurement Contract with the above-named individual or entity due to the intentional provision of false or incomplete information? (Please circle): No Yes

If yes, please provide details below.

Governmental Entity: _____

Date of Termination or Withholding of Contract: _____

Basis of Termination or Withholding: _____

_____

_____

_____

(Add additional pages as necessary)

**Offerer certifies** that all information provided to the Department with respect to State Finance Law §139-k is complete, true and accurate.

**Offerer affirms** that it understands and agrees to comply with the following policy & procedures of the Department relative to permissible Contacts as required by State Finance Law §139-j and §139-k.

By: _____ Date: _____
Signature

Name: _____ Title: _____
Print Print

# IFB#0242: DECORATIONS AND DECORATING SERVICES FOR THE NEW YORK STATE FAIR

**Attachment 7**

**VENDOR RESPONSIBILITY**

| | |
|---|---|
| **Vendor Name:** | |
| **Vendor SFS ID#** | (Note: If you do not have an SFS # complete and submit the Substitute W-9 Form) |

**Bidder Information—Please Complete This Section**

Please complete the following. Responses must be legible. By signing, you indicate your express authority to sign on behalf of yourself, or your company or other entity and full knowledge and acceptance of the terms and conditions of the bid. You also affirm that you understand and agree to comply with the procedures of the **Department** relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b).

| | |
|---|---|
| **Legal Name of Company Bidding** | **Address:** |
| **Employer's Federal Tax ID Number** | |

**Check one of the following:**

☐ **I certify that my organization has filed its Vendor Responsibility Questionnaire online via the New York State VendRep System and that the current questionnaire was certified within the past six Months (to enroll in and use the New York State VendRep System, see the VendRep System Instructions available at www.osc.state.ny.us/vendrep or go directly to the VendRep System online at https://portal.osc.state.ny.us/wps/portal).**

☐ **I am including a completed paper copy of the Vendor Responsibility Questionnaire with the bid proposal (a paper questionnaire is available from the VendRep website www.osc.state.ny.us/vendrep or vendor may contact the Department or the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 for a copy of the paper form).**

☐ **My entity is exempt based on the OSC listing.**

☐ **My proposal is less than $100,000, therefore I am attaching a completed Contractor Information Checklist.**

☐ **Other, explanation:**

| | | |
|---|---|---|
| | *Date* | *E-mail* |
| | *Phone* | *Fax* |

**Print Name as Signed and Title**

The Department reserves the right to request any additional information deemed necessary to properly review bids.

COMPLETE AND RETURN WITH BID RESPONSE

**New York State**
**Department of Agriculture & Markets**
**Division of Fiscal Management**
**I0B Airline Drive**
**Albany, NY 12235**

## CONTRACTOR INFORMATION CHECKLIST

**CONTRACT NO.** _____

| | | | |
|---|---|---|---|
| Organization's Official Name | | | |
| d/b/a | | | |
| Address | | City | |
| Contact Person | Title | State | Zip Code |
| Contact Person's Telephone | Contact Person's EMail Address | NYS Vendor ID Number | |
| Contact Person's Fax | Organization's Federal ID, Individual's Social Security Number or Municipal Code (1)(2)* | | |

### SELECT ONLY ONE OF THE FOLLOWING

- ☐ Governmental or Quasi-governmental Agency
- ☐ New York Business Corporation
- ☐ Out of State Business Corporation
- ☐ Not-for-profit Organization (4)*
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Individual

### COMPLETE ONLY THOSE BLOCKS BELOW WHICH ARE APPLICABLE

| | | |
|---|---|---|
| 1. Date of Incorporation | 2. County | 3. State of Incorporation |
| 4. Authorized to do business in New York State ☐ Yes ☐ No | 5. Charities Bureau Registration or Identification Number (3)* | |
| 6. If a not-for-profit organization, are you registered and up to date in filing annual reports with the Charities Bureau pursuant to NYEPTL §8-1.4 and New York Executive Law Article 7-A? ☐ Yes ☐ No If no, answer number 7. | 7. Exempt ☐ Yes ☐ No If yes, answer number 8. | |
| 8. Reason for Exemption (from exemption determination letter) | | |
| 9. **FOR GRANTS ONLY -** Are you registered in the NYS Grants Gateway? ☐ Yes ☐ No (All vendors must register)<br>If a not-for-profit organization, are you prequalified in the NYS Grants Gateway? ☐ Yes ☐ No (All not for profits must pre-qualify).<br>For further information on registration and pre-qualification, go to: www.grantsreform.ny.gov | | |
| 10. Please give Organization M/WBE percentage goal _____%<br>See MWBE website: http://www.esd.ny.gov/MWBE.html for further information | | |

_____
Name of Contractor

_____ _____
Print Name Title

_____ _____
Signature Date

***SEE Attached for Explanation of Footnotes**

IF BID IS LESS THAN $100,000, COMPLETE AND RETURN WITH BID RESPONSE

1. Disclosure of your federal social security or federal identification number by you is mandatory pursuant to New York State Tax Law Section 5(2). The principal purpose for which this information is collected is to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the Tax Law administered by the Commissioner of Taxation and Finance for administering the Tax Law and for any other purpose authorized by the Tax Law.

2. If you are a county, city, town or village government, or a school district, community college, BOCES or VEEB, you must provide your 12-digit municipality code in the space provided.

3. Not-for-profit organizations must either:

   a) insert their Charities Bureau Registration Number in Section 5 of the Contractor Information Checklist,

   or

   b) insert their Charities Bureau Identification Number in Section 5 of the Contractor Information Checklist and the category of exemption in Section 8 of the Contractor Information Checklist. The Charities Bureau Identification Number and category of exemption is listed on the exemption determination letter provided by the Charities Bureau to organizations that qualify for an exemption.

   To determine if your organization is subject to the registration and reporting requirements of the Estates, Powers and Trusts Law (EPTL) Section 8-1.4 and/or the New York Executive Law Article 7-A, or to obtain an exemption determination letter, please contact the Charities Bureau at:

   NYS Attorney General
   Charities Bureau Registration Section
   120 Broadway
   New York, NY 10271
   email: charities.bureau@oag.state.ny.us
   phone: (212) 416-8401

   The statutes governing registration with the Attorney General's Charities Bureau, forms and instructions for registration and annual financial reporting, categories of exemptions and other information of interest to not-for-profit organizations may be found at: www.oag.state.ny.us/charities/charities.html.

   Your failure to provide any of the requested information may result in your contract not being processed.

4. **FOR GRANTS ONLY** - Please go to www.grantsreform.gov for registration and pre-qualification into the NYS Grants Gateway.

## Attachment 8

## Vendor Assurance of No Conflict of Interest or Detrimental Effect

The Firm offering to provide services pursuant to this IFB, as a contractor, joint venture contractor, subcontractor, or consultant, attests that its performance of the services outlined in this IFB does not and will not create a conflict of interest with nor position the Firm to breach any other contract currently in force with the State of New York.

Furthermore, the Firm attests that it will not act in any manner that is detrimental to any State project on which the Firm is rendering services. Specifically, the Firm attests that:

1. The fulfillment of obligations by the Firm, as proposed in the response, does not violate any existing contracts or agreements between the Firm and the State;

2. The fulfillment of obligations by the Firm, as proposed in the response, does not and will not create any conflict of interest, or perception thereof, with any current role or responsibility that the Firm has with regard to any existing contracts or agreements between the Firm and the State;

3. The fulfillment of obligations by the Firm, as proposed in the response, does not and will not compromise the Firm's ability to carry out its obligations under any existing contracts between the Firm and the State;

4. The fulfillment of any other contractual obligations that the Firm has with the State will not affect or influence its ability to perform under any contract with the State resulting from this IFB;

5. During the negotiation and execution of any contract resulting from this IFB, the Firm will not knowingly take any action or make any decision which creates a potential for conflict of interest or might cause a detrimental impact to the State as a whole including, but not limited to, any action or decision to divert resources from one State project to another;

6. In fulfilling obligations under each of its State contracts, including any contract which results from this IFB, the Firm will act in accordance with the terms of each of its State contracts and will not knowingly take any action or make any decision which might cause a detrimental impact to the State as a whole including, but not limited to, any action or decision to divert resources from one State project to another;

7. No former officer or employee of the State who is now employed by the Firm, nor any former officer or employee of the Firm who is now employed by the State, has played a role with regard to the administration of this contract procurement in a manner that may violate section 73(8)(a) of the State Ethics Law; and

8. The Firm has not and shall not offer to any employee, member or director of the State any gift, whether in the form of money, service, loan, travel, entertainment,

hospitality, thing or promise, or in any other form, under circumstances in which it could reasonably be inferred that the gift was intended to influence said employee, member or director, or could reasonably be expected to influence said employee, member or director, in the performance of the official duty of said employee, member or director or was intended as a reward for any official action on the part of said employee, member or director.

Firms responding to this IFB should note that the State recognizes that conflicts may occur in the future because a Firm may have existing or new relationships. The State will review the nature of any such new relationship and reserves the right to terminate the contract for cause if, in its judgment, a real or potential conflict of interest cannot be cured.

Name, Title:

Signature: Date:

This form must be signed by an authorized executive or legal representative.

## EXECUTIVE ORDER No. 177 CERTIFICATION

The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment based on age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identify, disability, marital status, familial status, domestic violence victim status, prior arrest or conviction record, military status or predisposing genetic characteristics.

The Human Rights Law may also require reasonable accommodation for persons with disabilities and pregnancy-related conditions. A reasonable accommodation is an adjustment to a job or work environment that enables a person with a disability to perform the essential functions of a job in a reasonable manner. The Human Rights Law may also require reasonable accommodation in employment on the basis of Sabbath observance or religious practices.

Generally, the Human Rights Law applies to:

- all employers of four or more people, employment agencies, labor organizations and apprenticeship training practices in all instances of discrimination or harassment;
- employers with fewer than four employees in all cases involving sexual harassment; and
- any employer of domestic workers in cases involving sexual harassment or harassment based on gender, race, religion or national origin.

In accordance with Executive Order No. 177, the Bidder hereby certifies that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law.

Executive Order No. 177 and this certification do not affect institutional policies or practices that are protected by existing law, including but not limited to the First Amendment of the United States Constitution, Article 1, Section 3 of the New York State Constitution, and Section 296(11) of the New York State Human Rights Law.

Contractor: _____

Name: _____

Title: _____

Signature: _____

Date: _____, 20_____

# NEW YORK STATE OFFICE OF THE STATE COMPTROLLER

# SUBSTITUTE FORM W-9:

## REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

***TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.***

### Part I: Vendor Information

| 1. Legal Business Name: | 2. Business name/disregarded entity name, if different from Legal Business Name: |
|---|---|

3. Entity Type (Check one only):

☐ Individual Sole Proprietor ☐ Partnership ☐ Limited Liability Co. ☐ Corporation ☐ Not For Profit

☐ Trusts/Estates ☐ Federal, State or Local Government ☐ Public Authority ☐ Disregarded Entity

☐ Other _____

☐ **Exempt Payee**

### Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type

1. Enter your TIN here: *(DO NOT USE DASHES)*
See instructions.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

2. Taxpayer Identification Type (check appropriate box):

☐ Employer ID No. (EIN) ☐ Social Security No. (SSN) ☐ Individual Taxpayer ID No. (ITIN) ☐ N/A (Non-United States Business Entity)

### Part III: Address

| 1. Remittance Address: | 2. Ordering Address: |
|---|---|
| Number, Street, and Apartment or Suite Number | Number, Street, and Apartment or Suite Number |
| City, State, and Nine Digit Zip Code or Country | City, State, and Nine Digit Zip Code or Country |
| | Email Address |

### Part IV: Vendor Primary Contact Information – Executive Authorized to Represent the Vendor

Primary Contact Name: _____ Title: _____

Email Address: _____ Phone Number: _____

### Part V: Certification and Exemption from Backup Withholding

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (TIN), and
2. I am a U.S. citizen or other U.S. person, and
3. (Check one only):

☐ **I am not subject to backup withholding.** *I am (a) exempt from back up withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding),or*

☐ **I am subject to backup withholding.** *I have been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, and I have not been notified by the IRS that I am no longer subject to back withholding.*

**Sign Here:**

| Signature | Title | Date |
|---|---|---|
| Print Preparer's Name | Phone Number | Email Address |

***DO NOT SUBMIT FORM TO IRS — SUBMIT FORM TO NYS ONLY AS DIRECTED***

**NYS Office of the State Comptroller**

# Instructions for Completing Substitute Form W-9

New York State (NYS) must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. NYS Office of the State Comptroller uses the Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor database and to avoid backup withholding.[1] We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States. You are required to give us the information.

Any payee/vendor who wishes to do business with New York State must complete the Substitute Form W-9. Substitute Form W-9 is the only acceptable documentation. We will not accept IRS Form W-9.

### *Part I: Vendor Information*

1. **Legal Business Name**: For individuals, enter the name of the person who will do business with NYS as it appears on the Social Security card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names.
2. **Business name/disregarded entity name, if different from Legal Business Name:** Enter your DBA name or another name your entity is known by.
3. **Entity Type**: Check the Entity Type doing business with New York State.

### *Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type*

The TIN provided must match the name in the "Legal Business Name" box to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, refers to IRS W-9 instructions for additional information. For other entities, it is your employer identification number (EIN). If you do not have a number or if the account is in more than one name, refer to IRS W-9 instructions for additional information.

1. **Taxpayer Identification Number:** Enter your nine-digit Social Security Number, Individual Taxpayer Identification Number (ITIN) or Employer Identification Number (EIN).
2. **Taxpayer Identification Type:** Check the type of identification number provided.

### *Part III: Address*

1. Remittance Address: Enter the address where payments, 1099s, if applicable, and official correspondence should be mailed. This will become the default address.
2. Ordering Address: Enter the address where purchase orders should be sent. Please note that purchase orders will be sent via email by default.

### *Part IV: Vendor Primary Contact Information*

Please provide the contact information for an executive at your organization. This individual should be the person who makes legal and financial decisions for your organization. Name, phone number and email address are required.

### *Part V: Certification and Exemption from Backup Withholding*

Check the appropriate box indicating your exemption status from backup withholding. Individuals and sole proprietors are not exempt from backup withholding. Corporations are exempt from backup withholding for certain types of payments. Refer to IRS Form W-9 instructions for additional information. The signature should be provided by the individual, owner, officer, legal representative, or other authorized person of the entity listed on the form. Certain exceptions to the signature requirement are listed in the IRS instructions for form W-9.

[1] According to IRS Regulations, OSC must withhold 28% of all payments if a payee/vendor fails to provide OSC its certified TIN. The Substitute Form W-9 certifies a payee/vendor's TIN.

**Attachment 11**

**EXPERIENCE AND REFERENCES FORM**

Per Section 3.3 b. of the IFB, the bidder must have experience providing decorations and decorating services similar in scope to this solicitation for at least three (3) festivals or events that lasted a minimum of three (3) consecutive days each within the last thirty-six (36) months preceding submission of this bid. The Bidder must provide the name and location of the festival or event, number of days of the event, and a description of the services provided including a list of the type and quantity of decorations provided to the customer. In addition, the bidder must provide the name, address, phone number and email for a contact person for each of the events/venues listed. Note that the Department will contact the references to verify the information provided; the Bidder is solely responsible for the availability of the submitted references. Please provide the above information using **Attachment 11** – Experience and References Form of the Submission Documents. Please provide references below.

| **Reference 1** | | ***For Department Use Only (Reference Check – Place an "X" if information provided is verified)*** |
|---|---|---|
| Name of Festival or Event: | | |
| Location of Festival or Event: | | |
| Date(s) decorations and decorating services were provided at the festival or event (must be a minimum of three (3) consecutive days within the last thirty-six (36) months preceding submission of this bid): | | |
| Description of the services provided including a list of the type and quantity of decorations provided to the customer (attach additional sheet if necessary): | | |
| Name, Address, Phone Number, and Email for a contact person for each of the events/venues listed: | | |

| **Reference 2** | | ***For Department Use Only (Reference Check – Place an "X" if information provided is verified)*** |
|---|---|---|
| Name of Festival or Event: | | |
| Location of Festival or Event: | | |
| Date(s) decorations and decorating services were provided at the festival or event (must be a minimum of three (3) consecutive days within the last thirty-six (36) months preceding submission of this bid): | | |
| Description of the services provided including a list of the type and quantity of decorations provided to the customer (attach additional sheet if necessary): | | |
| Name, Address, Phone Number, and Email for a contact person for each of the events/venues listed: | | |

| **Reference 3** | | ***For Department Use Only (Reference Check – Place an "X" if information provided is verified)*** |
|---|---|---|
| Name of Festival or Event: | | |
| Location of Festival or Event: | | |
| Date(s) decorations and decorating services were provided at the festival or event (must be a minimum of three (3) consecutive days within the last thirty-six (36) months preceding submission of this bid): | | |
| Description of the services provided including a list of the type and quantity of decorations provided to the customer (attach additional sheet if necessary): | | |
| Name, Address, Phone Number, and Email for a contact person for each of the events/venues listed: | | |

# Attachment 12 (MWBE/EEO FORMS)

## Your MWBE Utilization and Reporting Responsibilities Under Article 15-A

The New York State Contract System ("NYSCS") is your one stop tool compliance with New York State's MWBE Program. It is also the platform New York State uses to monitor state contracts and MWBE participation.

**GETTING STARTED**

To access the system, you will need to login or create a user name and password at https://ny.newnycontracts.com. If you are uncertain whether you already have an account set up or still need to register, please send an email to the customer service contact listed on the Contact Us & Support page, or reach out to your contract's project manager. For verification, in the email, include your business name and contact information.

**VENDOR RESPONSIBILITIES**

As a vendor conducting business with New York State, you have a responsibility to utilize minority- and/or women-owned businesses in the execution of your contracts, per the MWBE percentage goals stated in your solicitation, incentive proposal or contract documents. NYSCS is the tool that New York State uses to monitor MWBE participation in state contracting. Through the NYSCS you will submit utilization plans, request subcontractors, record payments to subcontractors, and communicate with your project manager throughout the life of your awarded contracts.

There are several reference materials available to assist you in this process, but to access them, you need to first be registered within the NYSCS. Once you log onto the website, click on the **Help & Support >>** link on the lower left hand corner of the Menu Bar to find recorded trainings and manuals on all features of the NYSCS. You may also click on the **"Help & Tools"** icon at the top right of your screen to find videos tailored to primes and subcontractors. There are also opportunities available to join live trainings, read up on the "Knowledge Base" through the Forum link, and submit feedback to help improve future enhancements to the system. Technical assistance is always available through the **Contact Us & Support** link on the NYSCS website (https://ny.newnycontracts.com).

For more information, contact your project manager.

**NEW YORK STATE DEPARTMENT OF AGRICULTURE & MARKETS**
**DIVISION OF FISCAL MANAGEMENT**
10B Airline Drive
Albany, New York 12235
(518) 485-8740
E-mail: supplierdiversity@agriculture.ny.gov Website: https://agriculture.ny.gov/supplier-diversity

## Minority and Women Business Enterprise (MWBE) - Instructions and Requirements

All required forms are included in this packet and can also be found at https://agriculture.ny.gov/supplier-diversity. Questions should be directed to the Department's MWBE Liaison at supplierdiversity@agriculture.ny.gov or 518-485-8740.

**For contracts/purchases greater than $25,000, contractors are required to submit a *MWBE and EEO Policy Statement* & either a *MWBE Utilization Plan* or a *Request for Waiver* prior to contract execution.**

### *MWBE EEO1 MWBE AND EEO Policy Statement*

By signing the *MWBE EEO1 MWBE AND EEO Policy Statement* the Prime Contractor acknowledges and accepts the NYS MWBE and Equal Employment Opportunity policies set in their contract. All contractors must confirm their acceptance of these policies by signing the statement at the bottom of the first section.

When completing the Goal Statement portion of the form, the percentage amounts should reflect the MWBE goals found in either *Attachment A-1-Program Specific terms and Conditions* (Grants Gateway contracts) or *Appendix E* (most other contracts). The MWBE Liaison can assist you if you have difficulty locating the contract goals.

### Identifying New York State Certified MWBE vendors

The standard Department goal is a total of 30% MWBE participation with 15% assigned to NYS Certified minority-owned business enterprise ("MBE") and 15% assigned to NYS Certified women-owned business enterprise ("WBE"). The Prime contractor must search the Empire State Development Corporation's Directory of Certified MWBE Vendors at https://ny.newnycontracts.com/Default.asp?TN=ny&XID=5320MWBE to locate possible vendors.

### If a NYS Certified MWBE vendor is found:

The ***MWBE EEO4 MWBE Utilization Plan*** must be completed and submitted by the prime contractor.

### If a NYS Certified MWBE cannot be found or the prime contractor can only meet a portion of the goal, a total or partial waiver of the 30% goal may be requested.

The ***MWBE EEO5-1 Request for Waiver Form*** must be completed and submitted by the prime contractor. In addition, the prime contractor must demonstrate their need for a waiver by also submitting one of the following forms:

a) ***MWBE EEO5-3 MWBE Contractor Good Faith Efforts Certification –*** The prime contractor must clearly illustrate the attempts made to identify certified MWBE vendor. This can be written at the bottom of this form or can be provided on a separate memo and should include documentation compiled during the search.
b) ***MWBE EEO5-5 MWBE Contractor Unavailability Certification -*** This form is only to be used if a MWBE opportunity was identified but they will not perform the work. Please discuss the use of this form with the MWBE Liaison prior to submitting it.

Exemptions and exclusions must be approved by the State, prior to the contractor beginning work on the portion they are requesting be waived of goals.

# (MWBE/EEO FORMS)

**NEW YORK STATE DEPARTMENT OF AGRICULTURE & MARKETS**
**DIVISION OF FISCAL MANAGEMENT**
10B Airline Drive
Albany, New York 12235
(518) 485-8740
E-mail: supplierdiversity@agriculture.ny.gov Website: https://agriculture.ny.gov/supplier-diversity

## MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES – EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

## MWBE AND EEO POLICY STATEMENT

I, _____, the (awardee/contractor) _____ agree to adopt the following policies with respect to the project being developed or services rendered at _____.

**MWBE**

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

(1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to MWBE contractor associations.

(2) Request a list of State-certified MWBEs from AGENCY and solicit bids from them directly.

(3) Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective MWBEs.

(4) Where feasible, divide the work into smaller portions to enhanced participations by MWBEs and encourage the formation of joint venture and other partnerships among MWBE contractors to enhance their participation.

(5) Document and maintain records of bid solicitation, including those to MWBEs and the results thereof. Contractor will also maintain records of actions that its subcontractors have taken toward meeting MWBE contract participation goals.

(6) Ensure that progress payments to MWBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and other credit requirements are waived or appropriate alternatives developed to encourage MWBE participation.

(7) This organization will include the provisions of (1) through (6) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

**EEO**

(a) This organization will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability, sexual orientation, military status, or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.

(b)This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status.

(c) At the request of the contracting agency, this organization shall request each employment agency, labor union, or authorized representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability, sexual orientation, military status or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.

(d) Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

(e) This organization will include the provisions of sections (a) through (d) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

Agreed to this _____ day of _____, 20_____ By _____

Print: _____ Title: _____

---

## GOAL STATEMENT

_____is designated as the Minority Business Enterprise Liaison responsible for administering the
(Name of Designated Liaison)
Minority and Women-Owned Business Enterprises- Equal Employment Opportunity (M/WBE-EEO) program.

**M/WBE Contract Goals**

_____percent Minority and Women's Business Enterprise Participation

_____percent Minority Business Enterprise Participation

_____percent Women's Business Enterprise Participation

_____ _____ _____
(Authorized Representative) (Title) (Date

**NEW YORK STATE DEPARTMENT OF AGRIICULTURE & MARKETS**
**DIVISION OF FISCAL MANAGEMENT**
10B Airline Drive
Albany, New York 12235
(518) 485-8740
E-mail: supplierdiversity@agriculture.ny.gov Website: https://agriculture.ny.gov/supplier-diversity

## MWBE UTILIZATION PLAN

**Contract No.: _____**

**INSTRUCTIONS: This form must be submitted with any bid, proposal, response to request for qualifications or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (MWBE) under the contract. Attach additional sheets if necessary.**

| Contractor's Name, Address and Telephone No.<br><br>Federal Identification No. | Contract Description Location (Region)<br><br>SFS Vendor ID: | MWBE Goals In Contract<br>MBE _____ %<br>WBE _____% |
|---|---|---|

| Certified MWBE Subcontractors/Suppliers Name, Address, Telephone No, E-mail Address, SFS Vendor ID | Federal ID. No. | NYS ESD CERTIFIED | | | Detailed description of Work (Attach additional sheets if necessary) | Dollar Value of Subcontracts/ supplies/ services and intended performance dates of each component of the contract |
|---|---|---|---|---|---|---|
| | | MBE | WBE | DUAL | | |
| | | ☐ | ☐ | ☐ | | |
| | | ☐ | ☐ | ☐ | | |
| | | ☐ | ☐ | ☐ | | |

**IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (Form MWBE/EEO5)**

**Submission of this form constitutes the contractor's acknowledgement and agreement to comply with the MWBE requirements set forth under NYS Executive Law, Article 15-A and 5 NYCRR Part 142. Failure to submit complete and accurate information may result in a finding of noncompliance or rejection of the bid/proposal and/or suspension or termination of the contract.**

| Prepared By (Signature) | Email Address | |
|---|---|---|
| Name and Title of Preparer (Print or Type) | Telephone No. | Date |

**FOR A&M USE ONLY**

| Reviewed By | | | | Date |
|---|---|---|---|---|
| Utilization Plan Approved ☐ Yes ☐ No | | | | Date |
| Contract No. | Project No. (If applicable) | Contract Award Date | Estimated Completion Date | Contract Amount Obligated |

| Notice of Deficiency Issued ☐ Yes ☐ No | Date | Description of Work |
|---|---|---|
| Notice of Acceptance Issued ☐ Yes ☐ No | Date | |

MWBE/EEO4(11/13)

☐ ***VENDOR CERTIFICATION**: I hereby affirm that the information supplied in this utilization plan is true and correct.*

**NEW YORK STATE DEPARTMENT OF AGRIICULTURE & MARKETS**
**DIVISION OF FISCAL MANAGEMENT**
10B Airline Drive
Albany, New York 12235
(518) 485-8740
E-mail: supplierdiversity@agriculture.ny.gov Website: https://agriculture.ny.gov/supplier-diversity

# REQUEST FOR WAIVER FORM

**INSTRUCTIONS: SEE PAGE 2 OF THIS ATTACHMENT FOR REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS.**

| | |
|---|---|
| **Offerer/Contractor Name:** | **Federal Identification No.:** |
| **Address:** | **Solicitation/Contract No.:** |
| **City, State, Zip Code:** | **MWBE Goals: MBE % WBE %** |

**By submitting this form and the required information, the offerer/contractor certifies that every Good Faith Effort has been taken to promote MWBE participation pursuant to the MWBE requirements set forth under the contract.**

**Contractor is requesting a:**

**1. ☐ MBE Waiver – A waiver of the MBE Goal for this procurement is requested. ☐ Total ☐ Partial**

**2. ☐ WBE Waiver – A waiver of the WBE Goal for this procurement is requested. ☐ Total ☐ Partial**

**3. ☐ Waiver Pending ESD Certification – (Check here if subcontractors or suppliers of Contractor are not certified MWBE, but an application for certification has been filed with Empire State Development.) Date of such filing with Empire State Development:_____**

| | | |
|---|---|---|
| **PREPARED BY (Signature):**<br><br>**SUBMISSION OF THIS FORM CONSTITUTES THE OFFERER/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE MWBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A AND 5 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.** | **Date:** | |
| **Name and Title of Preparer (Printed or Typed):** | **Telephone Number:** | **Email Address:** |
| **Submit with the bid or proposal or if submitting after award submit to:**<br><br>**NYS Department of Agriculture & Markets**<br>**Division of Fiscal Management**<br>**10B Airline Drive**<br>**Albany, New York 12235** | ********** **FOR MWBE USE ONLY** ********** | |
| | **REVIEWED BY:** | **DATE:** |
| | **Waiver Granted: ☐ YES MBE: ☐ WBE: ☐**<br><br>**☐ Total Waiver ☐ Partial Waiver**<br>**☐ ESD Certification Waiver ☐ *Conditional**<br>**☐ Notice of Deficiency Issued _____**<br>***Comments:** | |

## INSTRUCTIONS FOR COMPLETING REQUIREMENTS AND DOCUMENT SUBMISSION

**When completing the Request for Waiver Form please check all boxes that apply. To be considered, the Request for Waiver Form must be accompanied by documentation for items 1 – 11, as listed below. If box # 3 has been checked above, please see item 11. Copies of the following information and all relevant supporting documentation must be submitted along with the request:**

1. A statement setting forth your basis for requesting a partial or total waiver.

2. The names of general circulation, trade association, and MWBE-oriented publications in which you solicited certified MWBEs for the purposes of complying with your participation goals.

3. A list identifying the date(s) that all solicitations for certified MWBE participation were published in any of the above publications.

4. A list of all certified MWBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified MWBE 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 MWBEs.

6. Provide copies of responses made by certified MWBEs to your solicitations.

7. Provide a description of any contract documents, plans, or specifications made available to certified MWBEs 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 Offerer/Contractor, and the MWBEs undertaken for purposes of complying with the certified MWBE participation goals.

9. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.

10. Provide the name, title, address, telephone number, and email address of offerer/contractor's representative authorized to discuss and negotiate this waiver request.

11. Copy of notice of application receipt issued by Empire State Development (ESD).

**Note:**
**Unless a Total Waiver has been granted, the Offerer/Contractor will be required to submit all reports and documents pursuant to the provisions set forth in the Contract, as deemed appropriate by the NYS Department of Agriculture & Markets, to determine MWBE compliance.**

**NEW YORK STATE DEPARTMENT OF AGRIICULTURE & MARKETS**
**DIVISION OF FISCAL MANAGEMENT**
10B Airline Drive
Albany, New York 12235
(518) 485-8740
E-mail: supplierdiversity@agriculture.ny.gov Website: https://agriculture.ny.gov/supplier-diversity

## MWBE CONTRACTOR GOOD FAITH EFFORTS CERTIFICATION

PROJECT/CONTRACT #_____

I, _____
(Contractor/Vendor)

_____ 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 solicitations of certified minority- and women-owned business enterprises and any responses thereto;

(2) Responses to the solicitations received, where 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) A description of 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

**NEW YORK STATE DEPARTMENT OF AGRIICULTURE & MARKETS**
**DIVISION OF FISCAL MANAGEMENT**
10B Airline Drive
Albany, New York 12235
(518) 485-8740
E-mail: supplierdiversity@agriculture.ny.gov Website: https://agriculture.ny.gov/supplier-diversity

**MWBE CONTRACTOR UNAVAILABILITY CERTIFICATION**

PROJECT/CONTRACT #_____

I, _____
(Principal or Prime Consultant/Contractor)

_____ of _____
(Title) (Name of Consultant's/Contractor's Firm)

_____ _____
(Address) (Telephone Number)

I certify that on (Date) _____ I contacted the following New York State Certified Minority/Women Business Enterprises by registered mail to obtain bids for work to be performed on the above-mentioned contract.

List of names of MWBEs, and type of work that bids were requested

- _____
- _____
- _____

To the best of my knowledge and belief, said New York State Certified Minority/Women Business Enterprise contractor(s) was unavailable for work on this project, or unable to prepare a bid for the following reasons:

Please check appropriate reasons given by each MBE/WBE firm contacted above.

_____ I did not have the capability to perform the work

_____ Contract too small

_____ Remote location

_____ Received solicitation notices too late

_____ Did not want to work for this contractor

_____ Other (give reason) _____

_____
Signature of Prime Consultant/Contractor

_____
Title

# ENVELOPE 1 CHECKLIST

# Minimum Qualifications and Forms and Assurances

## Did you remember to include (submit this checklist along with the contents below):

Place an "X" to indicate Bidder has included the following:

**Envelope 1, titled "IFB #0242 Minimum Qualifications and Forms and Assurances."**

*Original plus one (1) paper copy* of (See Submission Documents):

___ Cover Sheet and Submission Documents Checklist

___ Attachment 3 - Mandatory Contract Requirements Certification Form (Original Signatures)

___ Attachment 4 - Non-Collusive Bidding Certification (Original Signatures)

___ Attachment 5 - MacBride Nondiscrimination Certification Form (Original Signatures)

___ Attachment 6 - Procurement Lobbying Law Forms (Original Signatures)

___ Attachment 7 - Vendor Responsibility (Original Signatures)

___ Attachment 8 - Vendor Assurance No Conflict of Interest (Original Signatures)

___ Attachment 9 – Executive Order No. 177 (Original Signatures)

___ Attachment 10 - Substitute Form W-9, if SFS Vendor ID needed (Original Signatures)

___ Attachment 11 – Experience and References Form demonstrating proof of having met the Minimum Qualifications as set forth in Section 3.3 of this IFB.

# ENVELOPE 2 CHECKLIST

# Bid Form

**Did you remember to include (submit this checklist along with the contents below):**

Place an "X" to indicate Bidder has included the following:

**Envelope 2, titled "IFB#0242 Bid Form/Cost Proposal – Do Not Open."**

___ *Original plus one (1) paper copy* of Attachment 1 - Bid Form (Original Signatures Hard Copy)

___ *One (1) electronic copy* of Attachment 1 – Bid Form. Electronic media shall be submitted on a USB 2 or 3 compliant Flash Drive and clearly labeled. The electronic version of the Bid Form must be sealed within the same envelope as the corresponding hard copies. In the event that there are any inconsistencies between the electronic submissions and the hard copy submissions, or between multiple hard copy submissions, the original, wet ink, hard copy will be deemed controlling by AGM when reviewing each Cost Proposal.

___ *Original plus one (1) paper copy* of Attachment 2 - Subcontracting Form

# ENVELOPE 3 CHECKLIST

# MWBE Forms

## Did you remember to include (submit this checklist along with the contents below):

Place an "X" to indicate Bidder has included the following:

**Envelope 3, titled "IFB#0242 MWBE Forms – Do Not Open."**

*Original plus one (1) paper copy* of (See Submission Documents):

___ Attachment 12 - MWBE Forms (Original Signatures)