New York State Department of Agriculture and Markets

RFP0321

Program Administrator for the Beginning Farmers Competitive Grant Program - *Round 2*

SUBMISSION DOCUMENTS

- Submission Documents Checklist (*Must be submitted with Proposal*)
- Bid Form (Signature Required Hard Copy Only)
- Subcontracting Form
- Mandatory Contract 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)
- Minimum Qualifications Form
- MWBE Forms
- SDVOB Forms
- Optional Forms
- Technical Proposal (RFP Section 5.4)
- Envelope Submission Checklists

New York State Department of Agriculture and Markets

RFP0321: Program Administrator for the Beginning Farmers Competitive Grant Program

Round 2

SUBMISSION DOCUMENTS CHECKLIST

To be completed by Bidder	BID RESPONSE ITEM **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 AGM USE ONLY
☐	Attachment 1 – Bid Form	☐
☐	*Attachment 2 – Subcontracting Form	☐
☐	*Attachment 3 – Mandatory Contract 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 *RETURN ONLY IF SFS VENDOR ID IS REQUESTED*	*Not a requirement*
☐	*Attachment 11 – Minimum Qualifications Form (RFP Section 5.2, Minimum Qualifications)	☐
☐	*Attachment 12 – MWBE Forms	☐
☐	*Attachment 13 – SDVOB Forms	☐
☐	Technical Proposal (RFP Section 5.4)	☐
	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/st220td_fill_in.pdf*	
☐	ST-220 CA, Sales and Compensating Use Tax Certification	☐
Website:	*Worker's Compensation Documentation* *http://www.wcb.ny.gov*	
☐	**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.	☐
Website:	*Disability Benefits Coverage* *http://www.wcb.ny.gov*	
☐	**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.	☐
☐	**FORM A -** New York State Consultant Services Contractor's Planned Employment Form	☐

New York State Department of Agriculture and Markets

RFP0321: Program Administrator for the Beginning Farmers Competitive Grant Program

ATTACHMENT 1 - BID FORM

Per Section 5.5 of the RFP, all bids must be submitted on "Attachment 1 - Bid Form." Follow the instructions included in the excel workbook labeled "Attachment 1 – Bid Form."

COMPLETE AND RETURN WITH PROPOSAL

New York State Department of Agriculture and Markets

RFP0321: Program Administrator for the Beginning Farmers Competitive Grant Program

ATTACHMENT 2 – SUBCONTRACTING FORM

SUBCONTRACTING FORM
(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).

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 the Department. The Department reserves the right to accept or reject any replacement subcontractors proposed by the vendor. This Form must be updated annually and submitted to the Department.

ATTACHMENT 3 – MANDATORY CONTRACT REQUIREMENTS CERTIFICATION

Mandatory Contract Requirements:

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

A. No other obligation or engagement, contractual or otherwise, will impact the selected contractor's ability to administer the Beginning Farmers Competitive Grant Program during the contract period.

B. The selected Contractor will have full control of all services provided pursuant to this engagement and assumes total responsibility for financial loss, accident, injury, or death that may occur as a result of the services provided. 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, employees, and those acting for or on its behalf. Such indemnity shall not be limited by reasons of any insurance coverage provided.

C. The selected Contractor will obtain and maintain insurance policies that meet the requirements set forth in **Exhibit 1: Insurance Requirements**.

D. 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 Department of Agriculture & Markets contract attached to this RFP as **Exhibit 2.**

Proposals 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.

Respondent Signature _____ **Date** _____

Printed Name _____ **Title** _____

Company Name _____ **Company Address** _____

_____

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

ATTACHMENT 4

(COMPLETE AND SUBMIT WITH PROPOSAL)

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 Department of Agriculture and Markets 10B Airline Drive 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 Department of Agriculture and Markets 10B Airline Drive Albany, NY 12235	**MacBride Nondiscrimination Certification**

ATTACHMENT 5

(COMPLETE AND SUBMIT WITH PROPOSAL)

"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 Department of Agriculture and Markets 10B Airline Drive Albany, NY 12235	Summary of the Department's Policy on State Finance Law §139-j and §139-k

ATTACHMENT 6

(COMPLETE AND SUBMIT WITH PROPOSAL)

Summary of Department 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: https://ogs.ny.gov/acpl.

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

Attachment 7

VENDOR RESPONSIBILITY
(COMPLETE AND SUBMIT WITH PROPOSAL)

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://www.osc.state.ny.us/state-vendors/vendrep/vendrep-system.)**

☐ **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.

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

CONTRACTOR INFORMATION CHECKLIST

(If Bid Is Less Than $100,000, Complete and Return with Proposal)

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) If a not-for-profit organization, are you prequalified in the NYS Grants Gateway? ☐ Yes ☐ No (All not for profits must pre-qualify). For further information on registration and pre-qualification, go to: https://grantsmanagement.ny.gov/		
10. Please give Organization M/WBE percentage goal _____% 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**

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.

1. 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.

2. 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@ag.ny.gov
   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: https://www.charitiesnys.com/charities_new.html.

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

3. **FOR GRANTS ONLY** - Please go to https://grantsmanagement.ny.gov/ for registration and pre-qualification into the NYS Grants Gateway.

Attachment 8

(COMPLETE AND SUBMIT WITH PROPOSAL)

Vendor Assurance of No Conflict of Interest or Detrimental Effect

The Firm offering to provide services pursuant to this RFP, as a contractor, joint venture contractor, subcontractor, or consultant, attests that its performance of the services outlined in this RFP 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 RFP;

5. During the negotiation and execution of any contract resulting from this RFP, 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 RFP, 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 RFP 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.

Attachment 9

(COMPLETE AND SUBMIT WITH PROPOSAL)

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 | **Exempt Payee**

Other _____

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. Physical Address:	2. Remittance 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

Part IV: 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 backup 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 backup withholding.*

Sign Here:

_____ _____

Signature | Title | Date

Print Preparer's Name | Phone Number | Email Address

Part V: Contact Information – Individual Authorized to Represent the Vendor

Vendor Contact Person: _____ Title: _____

Contact's Email Address: _____ Phone Number: _____

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. Physical Address: Enter the location of where your business is physically located.
2. Remittance Address: Enter the address where payments should be mailed.

Part IV: 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.

Part V: 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.

[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.

New York State Department of Agriculture and Markets

RFP0321: Program Administrator for the Beginning Farmers Competitive Grant Program

Attachment 11

(COMPLETE AND SUBMIT WITH PROPOSAL)

MINIMUM QUALIFICATIONS FORM

Name of Respondent: _____

Per Section **5.2** of the RFP, Minimum Qualifications, Respondents are advised that the Department's intent is to ensure that only qualified, responsive and responsible entities enter into a contract to administer the Beginning Farmers Competitive Grant Program as defined in this RFP. The Respondent must be able to provide documentation of the following minimum qualifications.

A. The Respondent must be municipality, public benefit corporation, local development corporation, or not-for-profit organization.

Respondent Entity Type (*please check one*):

☐ Municipality (provide your 12-digit municipality code) _____

☐ Public Benefit Corporation*

☐ Local Development Corporation*

☐ Not-for-Profit Organization*

*Provide a copy of the entity's Certificate of Incorporation.

B. The Respondent must have an established accounting system which provides internal controls to safeguard assets, ensures fund accountability by cost category, assures accounting data accuracy and reliability, promotes operating efficiency and complies with generally accepted accounting principles.

- ❑ Provide documentation showing that you have an established accounting system which provides internal controls to safeguard assets, ensures fund accountability by cost category, assures accounting data accuracy and reliability, promotes operating efficiency and complies with generally accepted accounting principles.
- ❑ Provide a copy of your most recent detailed annual financial statement prepared by an independent certified public accountant, which includes a report on your internal controls.

Attachment 12

MWBE/EEO Documents

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 518-485-1325.

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 Socially and Economically Disadvantaged work on the portion they are requesting be waived of goals.

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E-mail: supplierdiversity@agriculture.ny.gov Website: https://agriculture.ny.gov/supplier-diversity

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

SECTION 1 - MWBE and EEO Policy Statement

I, _____ (Authorized Representative), the ◉ awardee ○ contractor, agree to adopt the following policies with respect to the project being developed or services rendered at _____ (location where contract is being performed).

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.

SECTION 2 – Goal Statement

_____ (Name of Designated Liaison) is designated as the Minority Business Enterprise Liaison responsible for administering the Minority and Women-Owned Business Enterprises-Equal Employment Opportunity (MWBE-EEO) program.

MWBE Contract Goals

_____ percent MWBE Participation _____ percent MBE Participation _____ percent WBE Participation

_____ (Authorized Representative Signature)

_____ (Date)

_____ (Printed name)

_____ (Title)

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E-mail: supplierdiversity@agriculture.ny.gov Website: https://agriculture.ny.gov/supplier-diversity

MWBE UTILIZATION PLAN

Contract #

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	SFS ID # / Telephone No.	Contract Description Location (Region)	MWBE Goals in Contract
		Select	% MBE % WBE

Certified MWBE Subcontractors/Suppliers Name, Address, Telephone No, E-mail Address, Federal ID	Federal ID. No.	NYS ESD CERTIFIED MBE	NYS ESD CERTIFIED WBE	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
		☐	☐		
		☐	☐		
		☐	☐		

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.

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

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	

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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.

Contractor's Name	SFS ID #	Contract Description Location (Region)	MWBE Goals in Contract
Address	Telephone No.	Select	% 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. Either MWBE EEO5-3 MWBE Contractor Good Faith Efforts Certification or MWBE EEO5-5 MWBE Contractor Unavailability Certification must accompany the Request for Waiver to validate Good Faith Efforts.

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: _____

Submission of this form constitutes the contractor's acknowledgement and agreement to comply with the MWBE requirements set forth under NYS Executive Law, Artide 15-A and 5 NYCRR Part 143. 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

Submit with the bid or proposal or if submitting after award submit to:
Supplierdiversity@agriculture.ny.gov
NYS Department of Agriculture & Markets
Division of Fiscal Management
10B Airline Drive
Albany, New York 12235

********** FOR MWBE USE ONLY **********

REVIEWED BY: **DATE:**

Waiver Granted: ☐ YES MBE: ☐ WBE: ☐
☐ Total Waiver ☐ Partial Waiver
☐ ESD Certification Waiver ☐ *Conditional
☐ Notice of Deficiency Issued _____
*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.

Attachment 13
SDVOB Forms

Complete the appropriate forms on the following pages and submit with your proposal. Refer to **Section 8.4** of the RFP, Participation Opportunities for New York State Certified Service-Disabled Veteran-Owned Businesses, for more information.

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SDVOB UTILIZATION PLAN

☐ **Initial Plan** ☐ **Revised plan** **Contract/Solicitation #**_____

INSTRUCTIONS: This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each NYS **Certified** Service-Disabled Veteran-Owned Business (SDVOB) under the contract. By submission of this Plan, the Bidder/Contractor commits to making good faith efforts in the utilization of SDVOB subcontractors and suppliers as required by the SDVOB goals contained in the Solicitation/Contract. Making false representations or providing information that shows a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization. Attach additional sheets if necessary.

BIDDER/CONTRACTOR INFORMATION		**SDVOB Goals In Contract**
Bidder/Contractor Name:	NYS Vendor ID:	%
Bidder/Contractor Address (Street, City, State and Zip Code):		
Bidder/Contractor Telephone Number:	Contract Work Location/Region:	
Contract Description/Title:		

CONTRACTOR INFORMATION			
Prepared by (Signature):	Name and Title of Preparer:	Telephone Number:	Date:
Email Address:			

If unable to meet the SDVOB goals set forth in the solicitation/contract, bidder/contractor must submit a request for waiver on the SDVOB Waiver Form.

SDVOB Subcontractor/Supplier Name:		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When $ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): $_____ or _____%		

SDVOB Subcontractor/Supplier Name:		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When $ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): $_____ or _____%		

FOR Agency USE ONLY				
Agency Authorized Signature:		☐ **Accepted**	☐ **Accepted as Noted**	☐ **Notice of Deficiency**
NAME (Please Print):	**SDVOB %/$** ____	____	**Date Received:**	**Date Processed:**
Comments:				

NYS CERTIFIED SDVOB SUBCONTRACTOR/SUPPLIER INFORMATION: The directory of New York State Certified SDVOBs can be viewed at: https://online.ogs.ny.gov/SDVOB/search

Note: All listed Subcontractors/Suppliers will be contacted and verified by Agency.

Division of Fiscal Management 10B Airline Drive, Albany, NY 12235 (518)485-8740
E-mail: supplierdiversity@agriculture.ny.gov Website: https://agriculture.ny.gov/supplier-diversity

APPLICATION FOR WAIVER OF SDVOB PARTICIPATION GOAL

(must be submitted before requesting final payment on the Contract)

Section 1: Basic Information

Contractor's Name:	Federal Identification Number:
Street Address:	E-Mail Address:
City, State, Zip Code:	Telephone:

Contract Number:	SDVOB CONTRACT GOALS
	%

Section 2: Type of SDVOB Waiver Requested

☐ Total	☐ Partial	If partial waiver, please enter the revised SDVOB percentage:	%

Please explain the reason for the waiver request:

Section 3: Supporting Documentation

Provide the following documentation as evidence of your good faith efforts to meet the SDVOB goals set forth in the contract and in support of your waiver application:

- ☐ **Attachment A.** Copies of solicitations to SDVOBs and any responses thereto.
- ☐ **Attachment B.** Explanation of the specific reasons each SDVOB that responded to Bidders/Contractors' solicitation was not selected.
- ☐ **Attachment C.** Dates of any pre-bid, pre-award or other meetings attended by Contractor, if any, scheduled by Agency with certified SDVOBs whom Agency determined were capable of fulfilling the SDVOB goals set forth in the contract.
- ☐ **Attachment D.** 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 SDVOBs.
- ☐ **ttachment E.** Other information deemed relevant to the request.

Section 4: Signature and Contact Information

By signing and submitting this form, the contractor certifies that a good faith effort has been made to promote SDVOB participation pursuant to the SDVOB requirements set forth under the solicitation or Contract. Failure to submit complete and accurate information may result in a finding of noncompliance, non-responsibility, and a suspension or termination of the contract.

Prepared By: (Signature)	Date:

Name and Title of Preparer (Print or Type)

For AGENCY Use Only

Reviewed By:	Date:

Decision: ☐ Full SDVOB waiver granted ☐ Partial SDVOB waiver granted; revised SDVOB goal: _____ % ☐ SDVOB waiver denied

Approved By:	Date:	Date Notice of Determination Sent:

Comments

Division of Fiscal Management 10B Airline Drive, Albany, NY 12235 (518)485-8740
E-mail: supplierdiversity@agriculture.ny.gov Website: https://agriculture.ny.gov/supplier-diversity

ADDITIONAL SHEET

Bidder/Contractor Name:		**Contract/Solicitation #** _____
SDVOB Subcontractor/Supplier Name:		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When $ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): $_____ or _____%		
SDVOB Subcontractor/Supplier Name:		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When $ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): $_____ or _____%		
SDVOB Subcontractor/Supplier Name:		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When $ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): $_____ or _____%		
SDVOB Subcontractor/Supplier Name:		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When $ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform)): $_____ or _____%		
SDVOB Subcontractor/Supplier Name:		
Please identify the person you contacted:	Federal Identification No.:	Telephone No.:
Address:	Email Address:	
Detailed Description of work to be provided by subcontractor/supplier:		
Dollar Value of subcontracts/supplies/services (When $ value cannot be estimated, provide the estimated % of contract work the SDVOB will perform): $_____ or _____%		

CONSULTANT DISCLOSURE FORM

Complete the following **Form A: New York State Consultant Services Contractor's Planned Employment from Contract Start Date Through the End of the Contract Term (AC 3271-S)** and submit with your proposal. Refer to **Section 8.5** of the RFP, Recommended Submissions.

Instructions for completing Form A:

- **Employment Category:** the specific occupation(s), as listed in the O*NET occupational classification system, which best describe the employees providing services under the contract. (Note: Access the O*NET database, which is available through the United States Department of Labor's Employment and Training Administration, on-line at https://www.onetonline.org to find a list of occupations.)
- **Number of Employees:** the total number of employees in the employment category employed to provide services under the contract during the Report Period, including part time employees and employees of subcontractors.
- **Number of hours to be worked:** the total number of hours to be worked during the Report Period by the employees in the employment category.
- **Amount Payable under the Contract:** the total amount paid or payable by the State to the State contractor under the contract, for work by the employees in the employment category, and for services provided during the Report Period.

AC 3271-S (Effective 4/12)

FORM A

New York State Consultant Services
Contractor's Planned Employment
From Contract Start Date Through the End of the Contract Term

State Agency Name: NYS Department of Agriculture and Markets

State Agency Department ID: 3000000 Agency Business Unit: AGM01

Contractor Name: Contract Number:

Contract Start Date: Contract End Date:

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Total this Page	0	0	$ 0.00
Grand Total			

Name of person who prepared this report:

Title: Phone #:

Preparer's Signature: _____

Date Prepared:

(Use additional pages, if necessary) Page of

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 "RFP0321 Minimum Qualifications and Forms and Assurances."

Original plus one (1) paper copy of (See **Section 5.1** Proposal Content):

___ 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 – Minimum Qualifications Form

ENVELOPE 2 CHECKLIST

Technical Proposal

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 "RFP0321 Technical Proposal – Do Not Open."

___ Original plus four (4) paper copies of the completed Technical Proposal addressing the criteria set forth in **Section 5.4** of this RFP.

___ An electronic version of the Technical Proposal in MS Word, on USB 2 or 3 compliant flash drive.

___ Original plus four (4) paper copies of **Attachment 2** - Subcontracting Form

ENVELOPE 3 CHECKLIST

Bid Form/Cost Proposal

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 "RFP0321 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.

ENVELOPE 4 CHECKLIST

MWBE/EEO Documents

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

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

Envelope 4, titled "RFP0321 MWBE/EEO Documents – Do Not Open."

___ Original plus four (4) paper copies of **Attachment 12** – MWBE/EEO Documents (Original Signatures)

ENVELOPE 5 CHECKLIST

SDVOB 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 5, titled "RFP0321 SDVOB Forms – Do Not Open."

___ Original plus one (1) paper copy of **Attachment 13** - SDVOB Forms (Original Signatures)

ENVELOPE 6 CHECKLIST

Optional Forms

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

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

Envelope 6, titled "RFP0321 Optional Forms – Do Not Open."

____ Proof of Workers' Compensation Coverage

____ Proof of Disability Benefits Coverage

____ Sales and Compensating Use Tax Certification

____ Form A: New York State Consultant Services Contractor's Planned Employment Form (AC 3271-S)