

VMS CONSULTANT RFP C0SCO0032
BIDDER ACKNOWLEDGEMENT OF ADDENDUM

Addendum Number:

Date Issued:

This Addendum to the above-referenced RFP is being issued to:

By signing below, the Bidder attests to receiving, understanding and responding to the Addendum number indicated above in their Proposal and for making appropriate adjustments to their technical and cost proposals. OPWDD reserves the right to reject proposals submitted without all Addenda properly signed.

BIDDER:

REPRESENTATIVE SIGNATURE: _____

PRINTED NAME:

DATE:

TITLE:

**VMS CONSULTANT RFP C0SCO032
REFERENCE FORM**

Proposer's Name: _____

Proposer's Proposed Consultant: _____

Proposers must provide the names and contact information for up to three (3) references for the individual who is being recommended for the Proposed Consultant. The references to be provided are to be from the recipient of the services of the Proposed Consultant. The references must have first-hand knowledge of the Proposed Consultant's ability to perform the services required and can validate they have met the Technical Mandatory Minimum Requirements of Section 3.1.4.1. **If each of the Technical Mandatory Minimum Requirements (A-G) do not have a reference to validate it, the proposal shall be deemed non-responsive.**

In addition to providing up to three (3) references, the Proposers must submit their Proposed Consultant's resume providing specifics to how the Technical Mandatory Minimum Requirements of Section 3.1.4.1 are met. Bids not containing a current resume of the Proposed Consultant will be deemed non-responsive.

Indicate by checking next to the Mandatory Minimum Requirement (A-G) that this reference validates.

Mandatory Check Box	Mandatory Minimum Requirements of RFP Section 3.1.4.1	
A.	Minimum seven (7) years of configuration and administration experience with Integrity Server and Alpha Servers running OpenVMS 8.3 and 8.4 in a multi-node cluster environment. At least three (3) years of experience must be since August 1, 2013;	
B.	Minimum seven (7) years of experience with DCL scripting;	
C.	Minimum seven (7) years of experience with OpenVMS system administration including installing and configuring OpenVMS TCP/IP services, security policies, and system policies. At least three (3) years of that experience must be since August 1, 2013;	
D.	Minimum five (5) years of experience supporting PMDF Internet mail gateway version 6.5 or newer on an OpenVMS Integrity Server Platform. At least two (2) years of that experience must be since August 1, 2013;	
E.	Minimum three (3) years of experience installing, configuring, and utilizing PERL in an OpenVMS environment;	
F.	Experience supporting and maintaining an OpenVMS environment for a user base of at least 5,000 users;	
G.	Defined experience installing, configuring, and administering HP OpenVMS 8.4 on Integrity Servers; and	
H.	Current Resume of Proposed Consultant providing specifics to how the Technical Mandatory Minimum Requirements of Section 3.1.4.1 are met.	

Reference Preference # _____ of 3 <u>attach additional pages as necessary for Reference 2 and 3, if needed</u>	
Reference Company Name	
Primary Contact Person's Name	
Title	
Mailing Address	
Phone	
E-Mail	
Term of Engagement	
Name of Engagement	
Scope of Engagement	
Additional Information on Scope of Engagement	

**VMS CONSULTANT RFP C0SCO0032
DESIRED EXPERIENCE**

Proposer's Name: _____

Proposer's Proposed Consultant: _____

Experience is desired with the Technologies listed in Section 3.1.4.2 of the RFP and shall be factored into the overall Technical Score given to each responsive Proposal (see Section 5, Evaluation and Selection Process).

Check the box for each of the Desired Experience the Proposed Consultant has. Further attach resume and/or documentation that demonstrates the Proposed Consultant experience and providing the Company information they provided the services to if not listed on a resume and/or part of Attachment 2, References. Additional pages may be provided.

Desired Check Box	Desired Experience of RFP Section 3.1.4.2	
	A.	Visual Basic.NET
	B.	SQL Server 2008/2012
	C.	Visual Studio 2008/2012
	D.	Experience with SMTP messaging
	E.	Working knowledge of DNS
	F.	Experience with system security monitoring and auditing
	G.	Experience in system performance monitoring and tuning
	H.	Experience implementing and supporting the Transport Layer Security (TLS) feature for messaging
	I.	Experience extracting User Access/Account data from Active Directory and LDAP for reporting

Diversity Practices Questionnaire

(Response worth up to 5 Technical Points)

Note: Points will not be awarded based on your company's status as a certified MWBE firm; monies spend within your own firm; or training provided to your own employees. All points awarded will be based on the information provided in response to the questions herein pertaining to efforts made toward New York State certified MWBE firms.

I, _____, as _____ (title) of _____ (firm or company) (hereafter referred to as the company), swear and/or affirm under penalty of perjury that the answers submitted to the following questions are complete and accurate to the best of my knowledge.

1. Does your company have a Chief Diversity Officer or other individual who is tasked with supplier diversity initiatives? **Yes** **No**

If Yes, provide the name, title, description of duties assigned to the position and evidence of initiatives performed by this individual or individuals.

2. What percentage of your company's gross revenues (from your prior fiscal year) was paid to New York State certified minority and/or women-owned business enterprises as subcontractors, suppliers, joint-ventures, partners or other similar arrangement for the provision of goods or services to your company's clients or customers?

3. What percentage of your company's overhead (i.e. those expenditures that are not directly related to the provision of goods or services to your company's clients or customers) or non-contract-related expenses (from your prior fiscal year) was paid to New York State certified minority- and women-owned business enterprises as suppliers/contractors?¹

4. Does your company provide technical training² to minority- and women-owned business enterprises? **Yes** **No**

If Yes, provide a description of such training which should include, but not be limited to, the date the program was initiated, the names and the number of minority- and women-owned business enterprises participating in such training, the number of years such training has been offered and the number of hours per year for which such training occurs.

¹ Do not include onsite project overhead.

² Technical training is the process of teaching employees how to more accurately and thoroughly perform the technical components of their job. Training can include technology applications, products, sales and service tactics, and more. Technical skills are job specific, as opposed to soft skills which are transferable.

5. Is your company participating in a government approved minority- and women-owned business enterprises focused mentor protégé program? **Yes** **No**

If Yes, identify the governmental mentoring program in which your company participates and provide evidence demonstrating the extent of your company's commitment to the governmental mentoring program.

6. Does your company include specific quantitative goals for the utilization of minority- and women-owned business enterprises in its non-government procurements? **Yes** **No**

If Yes, provide a description of such non-government procurements (including time period, goal, scope and dollar amount) and indicate the percentage of the goals that were attained.

7. Does your company have a formal minority- and women-owned business enterprises supplier diversity program? **Yes** **No**

If Yes, provide documentation of program activities and a copy of policy or program materials.

NOTE: All information provided in connection with this questionnaire is subject to audit, and any fraudulent statements are subject to criminal prosecution and debarment.

Signature _____

Printed Name _____

Title _____

Company Name _____

Address _____

City, State, Zip _____

**VMS CONSULTANT RFP C0SCO0032
NOTICE OF INTENT TO BID**

Please indicate your interest in submitting a proposal in response to the OPWDD VMS Consultant RFP by completing and submitting this form to contracts@opwdd.ny.gov by the date indicated in Section 1.4 of this RFP.

Submission of this form does not obligate firms to submit a proposal.

Name of Organization:

Address:

City, State, Zip Code:

We are interested in submitting a proposal

***We do not intend to submit a Proposal. Please assist us by selecting your reason from the choices below or selecting "Other" with a brief explanation.**

Although the bid is within the scope of our business and we are interested in principle, at present, we are unable to respond due to other commitments.

The services / products described in the subject RFP are not within our area of expertise.

We do not have the staffing / resources available at this time to provide the services requested.

There are certain requirements or restrictions stated in the RFP that preclude our company from bidding. Those requirements are:

Other:

*** A no bid response will not impact participation in future solicitations.**

Proposer Designated Contact:

Contact Name:

Phone Number:

Email Address:

**VMS CONSULTANT RFP C0SCO0032
ADMINISTRATIVE PROPOSER ATTESTATIONS**

A. Provide Proposer information including the name, title, address, telephone number, and email address of the Proposer's Primary Contact with regard to the proposal submitted.
Proposer's Legal Entity Name:
Primary Contact Name:
Address:
City, State, ZIP Code:
Telephone Number (including area code):
Email Address:
Proposer's Taxpayer Federal Identification Number:
Proposer's NYS Vendor Identification Number as discussed in RFP Section 4.17, if enrolled:

B. Proposer's Acknowledgement of Administrative Proposer Attestations (NOTE: Alteration of any language contained in this section may render your proposal non-responsive.)	
<u>REQUIREMENT</u>	<u>RESPONSE</u> *
The Proposer is authorized to do business in the State of New York.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Proposer is willing and able to comply with New York laws with respect to foreign (non-New York) corporations.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Proposer is willing and able to obtain an errors and omissions insurance policy providing a prudent amount of coverage for the willful or negligent acts, or omissions of any officers, employees or agents thereof and provide proof of Workers Compensation and Disability Insurance and a Certificate of Insurance in accordance to Section 6.2, Contractor's Insurance Requirements;	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Proposer will not delegate or subcontract its responsibilities under an agreement. Proposers who are a Consultant Management Organization will be allowed to have an independent contractor employed providing services as their employee. Proposer is responsible for work performed in accordance to the resulting contract which is inclusive of the entire RFP.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Acknowledge the costs set forth in the Cost Proposal are firm costs that are binding and irrevocable for a period of not less than 270 days from the date of proposal submission	<input type="checkbox"/> Yes <input type="checkbox"/> No

**VMS CONSULTANT RFP C0SCO0032
ADMINISTRATIVE PROPOSER ATTESTATIONS**

Acknowledge the Proposer understands and accepts the provisions of this RFP inclusive of all Appendices, Attachments and Exhibits thereto.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Acknowledge the Proposer has read the RFP, understands it, and agrees to be bound by all of the terms and conditions therein.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Warrant all information provided by the Proposer in connection with submission of a proposal is true and accurate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide the name, title, address, telephone number, and email address of the person authorized to receive Notices with regard to the contract entered into as a result of this procurement. See "Notices", Section 6.1.16 of the RFP	<input type="checkbox"/> Yes <input type="checkbox"/> No
 A "No" Response in Section B of this Attachment may result in disqualification.	

C. Contract Notice Information - See "Notices" RFP Section 6.1.16 (if different from Primary Contact listed above)
Name:
Title:
Address:
City, State, ZIP Code:
Telephone Number (including area code):
Email Address:

By my signature on this Attachment B-1, I certify that I am authorized to bind the Proposer contractually.

Typed or Printed Name of Authorized Representative of the Proposer

Title/Position of Authorized Representative of the Proposer

Signature of Authorized Representative of the Proposer

Date

**VMS CONSULTANT RFP C0SC00032
NON-COLLUSIVE BIDDING CERTIFICATION
Required By Section 139-D of the State Finance Law**

By submission of this bid, the Bidder and each person signing on behalf of the Bidder certifies, under penalty of perjury, that to the best of his/her knowledge and belief:

[1] The prices of 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], [3] ABOVE HAVE NOT BEEN COMPLIED WITH; PROVIDED HOWEVER, THAT IF IN ANY CASE THE BIDDER(S) CANNOT MAKE THE FOREGOING CERTIFICATION, THE BIDDER SHALL SO STATE AND SHALL FURNISH BELOW A SIGNED STATEMENT WHICH SETS FORTH IN DETAIL THE REASONS THEREFORE:

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

Subscribed to under penalty of perjury under the laws of the State of New York, this _____ day of _____ 2020 as the act and deed of said corporation.

Title

Signature

VMS CONSULTANT RFP C0SC00032

PROCUREMENT LOBBYING LAW CERTIFICATION OF COMPLIANCE

BIDDER/CONTRACTOR:

RESTRICTED PERIOD FOR THIS PROCUREMENT: December 17, 2019 until approval by Office of the State Comptroller

PERMISSABLE CONTACTS: Lisa Davis or Cynthia Isgro

1. CONTACTS – Bidder affirms that it understands and agrees to comply with the procedures on procurement lobbying restrictions regarding permissible contacts in the restricted period for a procurement contract in accordance with State Finance Law §§ 139-j and 139-k. I agree

2. BIDDER/OFFERER DISCLOSURE OF PRIOR NON-RESPONSIBILITY DETERMINATIONS Pursuant to Procurement Lobbying Law, STF §139-j –

(a) Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into a procurement contract in the previous four years?

Yes No

If yes, please answer the following questions –

(b) Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j?

Yes No

(c) Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a governmental entity?

Yes No

If yes, please provide details regarding the finding of non-responsibility –

Governmental Entity: _____

Date of Finding of Non-Responsibility: _____

Basis of Finding of Non-Responsibility: (attach additional sheets if necessary)

(d) Has any 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?

Yes No

If yes, please provide details –

Governmental Entity: _____

Date of Termination or Withholding of Contract: _____

Basis of Termination or Withholding: (attach additional sheets if necessary)

3. TERMINATION CLAUSE – Bidder certifies that all information provided to the Agency with respect to State Finance Law §§139-j and 139-k is complete true and accurate. If found to be in violation of State Finance Law §§139-j and 139-k, the contract will result in termination. I agree

Company Name: _____

Address: _____

Signature: _____

Print Name: _____

Occupation/Title: _____

Email Address: _____

**VMS CONSULTANT RFP C0SCO0032
SEXUAL HARASSMENT POLICY CERTIFICATION**

State Finance Law §139-I requires bidders on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training to all its employees and that such policy, at a minimum, meets the requirements of State Labor Law §201-g.

By submission of this bid, each Bidder and each person signing on behalf of any Bidder certifies, and in the case of a joint bid each party thereto certifies its own organization, under penalty of perjury, that the Bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy shall, at a minimum, meet the requirements of Section 201-g of the Labor Law.

Please mark the applicable box below and complete the following sections, as required.

The Bidder certifies its compliance with State Finance Law §139-I.

The Bidder cannot certify its compliance with State Finance Law §139-I.

Bidder: _____

By (signature): _____

Name (please print): _____

Title: _____

Date: _____

If the Bidder cannot make the above certification, the Bidder must provide a statement detailing the reasons:

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

VMS CONSULTANT RFP C0SCO0032

EXECUTIVE ORDER 177 CERTIFICATION

The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment on the basis of age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identity, 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 programs 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 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.

Bidder:

By (Signature): _____

Printed Name:

Title:

Date:

VMS CONSULTANT RFP C0SCO0032

NYS Vendor Responsibility Questionnaire Form

The submission of the Vendor Responsibility Questionnaire is required. You are encouraged to complete the Questionnaire online. By doing so, you will not be required to complete the Questionnaire for future contracts with New York State agencies, so long as you certify the information every six (6) months.

Visit the following website for additional information on completing the online Questionnaire or to find instructions on submitting a hard copy:

https://www.osc.state.ny.us/vendrep/info_vrsystem.htm

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website www.osc.state.ny.us/vendrep, or the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us.

Please Check one of the following:

Vendor Responsibility Questionnaire has been filed online and has been certified/updated within the last six months.

A Vendor Responsibility Questionnaire is attached to this bid proposal.

Signature

Date

Name and Title

Company Name

Note: Upon notification of award, the Awarded Proposer may be required to update/recertify the Vendor Responsibility Questionnaire.

VMS CONSULTANT RFP C0SCO0032
VENDOR ASSURANCE OF NO CONFLICT OF INTEREST OR DETRIMENTAL EFFECT

The Firm offering to provide services pursuant to this RFP/Contract, as a contractor, joint venture contractor, subcontractor or consultant, attests that its performance of the services outlined in this RFP/Contract 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/Contract 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 and Title: _____

Signature: _____ Date: _____

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

VMS CONSULTANT RFP C0SCO0032

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

M/WBE AND EEO POLICY STATEMENT

I, _____, the Contractor, agree to adopt the following policies with respect to the project being developed or services rendered at 500 Balltown Road; Schenectady, NY.

M/WBE

This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the M/WBE 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 M/WBE contractor associations.
- (2) Request a list of State-certified M/WBEs from OPWDD 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 M/WBEs.
- (4) Where feasible, divide the work into smaller portions to enhanced participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.
- (5) Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. The Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.
- (6) Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that, if legally permissible, bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

EEO

- (a) This organization will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability 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 disability or marital status.
- (c) At the request of the contracting OPWDD, this organization shall request each employment OPWDD, labor union, or authorized representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.
- (d) The Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non- discrimination provisions. The 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.

VMS CONSULTANT RFP C0SCO0032

Agreed to this _____ day of _____ 20____

By: _____

Print: _____ Title: _____

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

M/WBE Contract Goals

- 0 percent Minority and Women’s Business Enterprise Participation
- 0 percent Minority Business Enterprise Participation
- 0 percent Women’s Business Enterprise Participation

Authorized Representative

Title: _____

Date: _____

VMS CONSULTANT RFP C0SCO0032

STAFFING PLAN

Submit with Bid or Proposal – Instructions on next page

Solicitation No.: C0SCO0032	Reporting Entity:	Report includes Contractor's/Subcontractor's: <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Total work force
Offeror's Name:		<input type="checkbox"/> Offeror <input type="checkbox"/> Subcontractor
Offeror's Address:		
		Subcontractor Name: _____

Enter the total number of employees for each classification in each of the EEO-Job Categories identified

EEO-Job Category	Total Work force	Work force by Gender		Work force by Race/Ethnic Identification										Disabled		Veteran		
		Total Male (M)	Total Female (F)	White (M) (F)		Black (M) (F)		Hispanic (M) (F)		Asian (M) (F)		Native American (M) (F)		(M)	(F)	(M)	(F)	
Officials/Administrators																		
Professionals																		
Technicians																		
Sales Workers																		
Office/Clerical																		
Craft Workers																		
Laborers																		
Service Workers																		
Temporary/Apprentices																		
Totals																		
PREPARED BY (Signature):										TELEPHONE NO.:				DATE:				
										EMAIL ADDRESS:								
NAME AND TITLE OF PREPARER (Print or Type):										Submit completed with bid or proposal MWBE 101 (Rev 03/11)								

VMS CONSULTANT RFP C0SCO0032

STAFFING PLAN INSTRUCTIONS

General instructions: All Offerors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (MWBE 101) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form for the contractor's and/or subcontractor's total work force.

Instructions for completing:

1. Enter the Solicitation number that this report applies to along with the name and address of the Offeror.
2. Check off the appropriate box to indicate if the Offeror completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate work force to be utilized on the contract or the Offerors' total work force.
4. Enter the total work force by EEO job category.
5. Break down the anticipated total work force by gender and enter under the heading 'Work force by Gender'
6. Break down the anticipated total work force by race/ethnic identification and enter under the heading 'Work force by Race/Ethnic Identification'. Contact the OMWBE Permissible contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the anticipated work force under the appropriate headings.
8. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this form, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- **WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN & PACIFIC ISLANDER** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- **NATIVE INDIAN (NATIVE AMERICAN / ALASKAN NATIVE)** a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

OTHER CATEGORIES

- **DISABLED INDIVIDUAL** any person who:
 - has a physical or mental impairment that substantially limits one or more major life activity(ies);
 - has a record of such an impairment; or
 - is regarded as having such an impairment.
- **VIETNAM ERA VETERAN** a veteran who served at any time between and including January 1, 1963 and May 7, 1975.
- **GENDER** Male or Female



Contractor Certification

(Pursuant to Tax Law Section 5-a, as amended, effective April 26, 2006)

ST-220-TD

(4/15)

For information, consult Publication 223, *Questions and Answers Concerning Tax Law Section 5-a* (see *Need help?* below).

Contractor name			
Contractor's principal place of business		City	State ZIP code
Contractor's mailing address (if different than above)		City	State ZIP code
Contractor's federal employer identification number (EIN)	Contractor's sales tax ID number (if different from contractor's EIN)	Contractor's telephone number ()	
Covered agency or state agency	Contract number or description	Covered agency telephone number ()	
Covered agency address	City	State	ZIP code
Is the estimated contract value over the full term of the contract (but not including renewals) more than \$100,000?			
Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown at this time <input type="checkbox"/>			

General information

Tax Law section 5-a, as amended, effective April 26, 2006, requires certain contractors awarded certain state contracts valued at more than \$100,000 to certify to the Tax Department that they are registered to collect New York State and local sales and compensating use taxes, if they made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000, measured over a specified period. In addition, contractors must certify to the Tax Department that each affiliate and subcontractor exceeding such sales threshold during a specified period is registered to collect New York State and local sales and compensating use taxes. Contractors must also file Form ST-220-CA, *Contractor Certification to Covered Agency*, certifying to the procuring state entity that they filed Form ST-220-TD with the Tax Department and that the information contained on Form ST-220-TD is correct and complete as of the date they file Form ST-220-CA.

All sections must be completed including all fields on the top of this page, all sections on page 2, Schedule A on page 3, if applicable, and *Individual, Corporation, Partnership, or LLC Acknowledgement* on page 4. If you do not complete these areas, the form will be returned to you for completion.

For more detailed information regarding this form and Tax Law section 5-a, see Publication 223, *Questions and Answers Concerning Tax Law Section 5-a, (as amended, effective April 26, 2006)*. See *Need help?* for more information on how to obtain this publication.

Note: Form ST-220-TD must be signed by a person authorized to make the certification on behalf of the contractor, and the acknowledgement on page 4 of this form must be completed before a notary public.

Mail completed form to:

**NYS TAX DEPARTMENT
DATA ENTRY SECTION
W A HARRIMAN CAMPUS
ALBANY NY 12227-0826**

Privacy notification

New York State Law requires all government agencies that maintain a system of records to provide notification of the legal authority for any request, the principal purpose(s) for which the information is to be collected, and where it will be maintained. To view this information, visit our Web site, or, if you do not have Internet access, call and request Publication 54, *Privacy Notification*. See *Need help?* for the Web address and telephone number.

Need help?

 Visit our Web site at **www.tax.ny.gov**

- get information and manage your taxes online
- check for new online services and features

Telephone assistance

Sales Tax Information Center: (518) 485-2889
To order forms and publications: (518) 457-5431

Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): (518) 485-5082

 **Persons with disabilities:** In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.

I, _____, hereby affirm, under penalty of perjury, that I am _____
(name) (title)
of the above-named contractor, and that I am authorized to make this certification on behalf of such contractor.

Complete Sections 1, 2, and 3 below. Make only one entry in each section.

Section 1 – Contractor registration status

- The contractor has made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made. The contractor is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to Tax Law sections 1134 and 1253, and is listed on Schedule A of this certification.
- The contractor has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

Section 2 – Affiliate registration status

- The contractor does not have any affiliates.
- To the best of the contractor's knowledge, the contractor has one or more affiliates having made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made, and each affiliate exceeding the \$300,000 cumulative sales threshold during such quarters is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to Tax Law sections 1134 and 1253. The contractor has listed each affiliate exceeding the \$300,000 cumulative sales threshold during such quarters on Schedule A of this certification.
- To the best of the contractor's knowledge, the contractor has one or more affiliates, and each affiliate has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

Section 3 – Subcontractor registration status

- The contractor does not have any subcontractors.
- To the best of the contractor's knowledge, the contractor has one or more subcontractors having made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made, and each subcontractor exceeding the \$300,000 cumulative sales threshold during such quarters is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to Tax Law sections 1134 and 1253. The contractor has listed each subcontractor exceeding the \$300,000 cumulative sales threshold during such quarters on Schedule A of this certification.
- To the best of the contractor's knowledge, the contractor has one or more subcontractors, and each subcontractor has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

Sworn to this ____ day of _____, 20 ____

(sign before a notary public)

(title)

Individual, Corporation, Partnership, or LLC Acknowledgment

STATE OF }
: SS.:
COUNTY OF }

On the ___ day of _____ in the year 20___, before me personally appeared _____,
known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that
_he resides at _____,
Town of _____,
County of _____,
State of _____; and further that:

(Mark an X in the appropriate box and complete the accompanying statement.)

- (If an individual): _he executed the foregoing instrument in his/her name and on his/her own behalf.
(If a corporation): _he is the _____ of _____, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, _he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.
(If a partnership): _he is a _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, _he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.
(If a limited liability company): _he is a duly authorized member of _____ LLC, the limited liability company described in said instrument; that _he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.

Notary Public
Registration No. _____



Contractor Certification to Covered Agency

(Pursuant to Section 5-a of the Tax Law, as amended, effective April 26, 2006)

ST-220-CA

(12/11)

For information, consult Publication 223, *Questions and Answers Concerning Tax Law Section 5-a* (see *Need Help?* on back).

Contractor name		For covered agency use only Contract number or description	
Contractor's principal place of business	City	State	ZIP code
Contractor's mailing address (if different than above)		Estimated contract value over the full term of contract (but not including renewals)	
Contractor's federal employer identification number (EIN)	Contractor's sales tax ID number (if different from contractor's EIN)		\$
Contractor's telephone number	Covered agency name		
Covered agency address		Covered agency telephone number	

I, _____, hereby affirm, under penalty of perjury, that I am _____

(name)

(title)

of the above-named contractor, that I am authorized to make this certification on behalf of such contractor, and I further certify that:

(Mark an X in only one box)

The contractor has filed Form ST-220-TD with the Department of Taxation and Finance in connection with this contract and, to the best of contractor's knowledge, the information provided on the Form ST-220-TD, is correct and complete.

The contractor has previously filed Form ST-220-TD with the Tax Department in connection with _____
(insert contract number or description)

and, to the best of the contractor's knowledge, the information provided on that previously filed Form ST-220-TD, is correct and complete as of the current date, and thus the contractor is not required to file a new Form ST-220-TD at this time.

Sworn to this ____ day of _____, 20 ____

(sign before a notary public)

(title)

Instructions

General information

Tax Law section 5-a was amended, effective April 26, 2006. On or after that date, in all cases where a contract is subject to Tax Law section 5-a, a contractor must file (1) Form ST-220-CA, *Contractor Certification to Covered Agency*, with a covered agency, and (2) Form ST-220-TD with the Tax Department before a contract may take effect. The circumstances when a contract is subject to section 5-a are listed in Publication 223, Q&A 3. See *Need help?* for more information on how to obtain this publication. In addition, a contractor must file a new Form ST-220-CA with a covered agency before an existing contract with such agency may be renewed.

Note: Form ST-220-CA must be signed by a person authorized to make the certification on behalf of the contractor, and the acknowledgement on page 2 of this form must be completed before a notary public.

When to complete this form

As set forth in Publication 223, a contract is subject to section 5-a, and you must make the required certification(s), if:

- i. The procuring entity is a *covered agency* within the meaning of the statute (see Publication 223, Q&A 5);
- ii. The contractor is a *contractor* within the meaning of the statute (see Publication 223, Q&A 6); and
- iii. The contract is a *contract* within the meaning of the statute. This is the case when it (a) has a value in excess of \$100,000 and (b) is a contract for *commodities* or *services*, as such terms are defined for purposes of the statute (see Publication 223, Q&A 8 and 9).

Furthermore, the procuring entity must have begun the solicitation to purchase on or after January 1, 2005, and the resulting contract must have been awarded, amended, extended, renewed, or assigned *on or after April 26, 2006* (the effective date of the section 5-a amendments).

Individual, Corporation, Partnership, or LLC Acknowledgment

STATE OF }
: SS.:
COUNTY OF }

On the ___ day of _____ in the year 20___, before me personally appeared _____,
known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that
_he resides at _____,
Town of _____,
County of _____,
State of _____; and further that:

[Mark an X in the appropriate box and complete the accompanying statement.]

- (If an individual): _he executed the foregoing instrument in his/her name and on his/her own behalf.
(If a corporation): _he is the _____
of _____, the corporation described in said instrument; that, by authority of the Board
of Directors of said corporation, _he is authorized to execute the foregoing instrument on behalf of the corporation for
purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on
behalf of said corporation as the act and deed of said corporation.
(If a partnership): _he is a _____
of _____, the partnership described in said instrument; that, by the terms of said
partnership, _he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth
therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said
partnership as the act and deed of said partnership.
(If a limited liability company): _he is a duly authorized member of _____,
LLC, the limited liability company described in said instrument; that _he is authorized to execute the foregoing instrument
on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, _he executed
the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited
liability company.

Notary Public

Registration No.

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain
personal information pursuant to the New York State Tax Law, including but
not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096,
1142, and 1415 of that Law; and may require disclosure of social security
numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities
and, when authorized by law, for certain tax offset and exchange of tax
information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided
to certain state agencies for purposes of fraud prevention, support
enforcement, evaluation of the effectiveness of certain employment and
training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or
criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management,
NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone
(518) 457-5181.

Need help?

Visit our Web site at www.tax.ny.gov
• get information and manage your taxes online
• check for new online services and features

Telephone assistance
Sales Tax Information Center: (518) 485-2889
To order forms and publications: (518) 457-5431

Text Telephone (TTY) Hotline (for persons with
hearing and speech disabilities using a TTY): (518) 485-5082

Persons with disabilities: In compliance with the
Americans with Disabilities Act, we will ensure that our
lobbies, offices, meeting rooms, and other facilities are
accessible to persons with disabilities. If you have questions
about special accommodations for persons with disabilities, call the
information center.

**FORM B
Consultant Disclosure**

Page 2

The State Consulting Services Annual Employment Report (this Form B) is due no later than May 15th following each fiscal year the contract is in effect. The completed Report must be submitted to OSC, DCS, and the OPWDD at the addresses provided below.

OSC: NYS Office of the State Comptroller
Bureau of Contracts
110 State St., 11th Floor
Albany, NY 12236
Attn: Consultant Reporting

DCS: NYS Department of Civil
Alfred E. Smith Office Building
Albany, NY 12239
Attn: Executive Office

OPWDD: NYS Office for People With Developmental Disabilities
Contract Management Unit
500 Balltown Rd., Bldg 12
Schenectady, NY 12304

By email: contracts@opwdd.ny.gov

If you have any questions regarding this requirement under the Consultant Disclosure Law, please contact the OPWDD Contract Management Unit via email at contracts@opwdd.ny.gov.



**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): <input type="checkbox"/> Individual Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Corporation <input type="checkbox"/> Not For Profit <input type="checkbox"/> Trusts/Estates <input type="checkbox"/> Federal, State or Local Government <input type="checkbox"/> Public Authority <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Other _____	
<input type="checkbox"/> Exempt Payee	

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

1. Enter your TIN here: <i>(DO NOT USE DASHES)</i> See instructions.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
2. Taxpayer Identification Type (check appropriate box): <input type="checkbox"/> Employer ID No. (EIN) <input type="checkbox"/> Social Security No. (SSN) <input type="checkbox"/> Individual Taxpayer ID No. (ITIN) <input type="checkbox"/> N/A (Non-United States Business Entity)											

Part III: Address

1. Remittance Address: Number, Street, and Apartment or Suite Number	2. Ordering Address: 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.

NYS Office of the State Comptroller Instructions for Electronic Payment (ePayment) Request

Please Note: For your protection, we will not accept email or fax to enroll or change electronic payment information. Failure to provide the requested information may delay or prevent the receipt of payments through the Electronic Payment (ePayment) Program.

Notification Required under Personal Privacy Protection Law: The information provided on this form is required under Section 109 of the New York State Finance Law, as well as the New York State and Federal tax laws (See New York State Tax Law § 674, 26 USC §6041). This information will be provided only to the designated financial institution(s) and/or their agent(s) for the purpose of processing payments, and for other official business of the Office of the State Comptroller. No further disclosure of this information will be made unless such disclosure is authorized or required by law. The information provided is maintained in New York State's Statewide Financial System by the Vendor Management Unit within the Bureau of State Expenditures, Office of the State Comptroller, 110 State Street, Albany, New York 12236.

Part I: NYS Vendor Information

Vendor ID (Required): The NYS Vendor ID is a ten-character identifier issued by the Vendor Management Unit when the vendor is registered in the Vendor File.

Legal Business Name (Required): The name of the person or business as it appears on the Social Security card or other required Federal tax documents. Do not abbreviate names.

Remittance Address: The Remittance Address is the default address where payments will be delivered if the payment fails to process electronically.

Part II: Type of ePayment Request

Select one of the following options (Required):

New Enrollment – Please complete all information in Part III and IV and attach an original voided check. If you do not attach an original voided check the financial institution must complete Part IV and V.

Change ePayment Bank Information – Please complete all information in Part III and IV and attach an original voided check. If you do not attach an original voided check the financial institution must complete Part IV and V.

Cancel ePayments – Please complete all information in Part III. To cancel, the payee's authorized vendor contact must provide this form or signed written notification (including all information in Part III) to the address provided on the front of this form. Notification may be submitted via mail, fax (518-402-4212) or email (epayments@osc.state.ny.us).

Part III: Vendor Certification

Authorized Vendor Contact Signature (Required): The signature of the contact person at the vendor submitting the request. This should be someone who can make financial and/or legal decisions for the entity or the Vendor's Primary Contact on their NYS Vendor Record.

Vendor Contact Name (Required): Print the name of the contact person at the vendor. This should be someone who can make financial and/or legal decisions for the entity or the Vendor's Primary Contact on their Vendor Record.

Title (Required): Contact's title

Email Address (Required): Contact's email address

Phone Number (Required): Contact's phone number

Part IV: Financial Institution Information

Name of Financial Institution (Required): Name of the bank that the account is with.

Type of Account: Savings or Checking Account

Bank Routing Number/ABA# (Required): Nine-digit number identifying the financial institution the account belongs to.

Account Number (Required): Vendor's Bank Account Number

Part V: Financial Institution Certification

Institution Officer Signature (Required): Signature of the Institution Officer at the bank certifying the banking information provided on this form.

Institution Officer Name (Required): Name of the Institution Officer at the bank completing this section of the form.

Title (Required): Institution Officer's title

Phone Number (Required): Institution Officer's phone number

Email Address (Required): Institution Officer's email address

**RFP C0SC00032 VMS CONSULTANT
PROPOSAL CHECKLIST**

Attachment D

Proposers are required to submit separate Administrative, Cost and Technical Proposals that are clearly labeled and sealed separately, however, may be delivered in the same package.

The following checklist is provided to assist Proposers in ensuring they have the required documents. Proposers may use as a cover page to each of their three separate Proposals (Administrative, Cost and Technical).

Envelop One - ADMINISTRATIVE PROPOSAL	CHECK YES OR NO
Attachment B-1 Administrative Proposer Attestations	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Attachment B-2 Non-Collusive Bidding Certification	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Attachment B-3 Certification of Compliance with Procurement Lobbying	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Attachment B-4 Sexual Harassment Policy Certification (RFP Section 4.11)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Attachment B-5 Executive Order No. 177 Certification (RFP Section 4.12)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Attachment B-6 NYS Vendor Responsibility Questionnaire Form (RFP Section 4.13)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Attachment B-7 Vendor Assurance of No Conflict of Interest (RFP Section 4.14)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Attachment B-8, Minority- and Women-Owned Business Enterprises and Equal Employment Opportunity Policy Statement (RFP Section 4.15)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Attachment B-9 Equal Employment Opportunity Staffing Plan Form EEO 100 (RFP Section 4.15)	<input type="checkbox"/> Yes / <input type="checkbox"/> No

REQUIRED UPON CONTRACT AWARD but may be provided with Proposer's ADMINISTRATIVE PROPOSAL	CHECK YES OR NO
Attachment B-10 Sales Tax Forms ST-220-CA and ST-220-TD	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Attachment B-11 Form A - Contractor's Planned Employment Form	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Envelop Two - TECHNICAL PROPOSAL	CHECK YES OR NO
Technical Proposal outlining Proposed Consultant experience to demonstrate their qualifications, competence and capacity to provide services in conformity with the requirements of the Technical Requirements of Sections 3.1.4.1 and 3.1.4.2	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Attachment 1, Bidder Acknowledgement of Addendum (for each Addendum issued)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Attachment 2, Reference Form, including Proposed Consultant's Resume demonstrating Mandatory Minimum Requirements (Section 3.1.4.1)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Attachment 3, Desired Experience (Section 3.1.4.2) providing demonstrated desired experience	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Attachment 4, Diversity Practices Questionnaire	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Envelop Three - COST PROPOSAL	CHECK YES OR NO
Attachment C, Cost Response Form	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Proposer:	
Primary Contact:	
Phone:	
Email:	