# APPENDIX A

**CONTACT COVER PAGE**

**RFA #21-ONA-53**

***Submit as Attachment 1***

**Application for Part A or B (select one):**

**Applicant (Organization) Name:**

**Executive Director:**

**Application Point of Contact:**

**Point of Contact Phone:**

**Point of Contact E-mail:**

**Executive Address:**

**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 as to 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 two hundred one-g of the labor law.**

**By signing below, you certify that you are authorized on behalf of the applicant and its governing body to submit this application. You further certify that all of the information contained in this Application and in all statements, data and supporting documents which have been made or furnished for the purpose of receiving assistance for the project described in this application are true, correct and complete to the best of your knowledge and belief.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**APPENDIX B**

**REGIONAL IDENTIFICATION SHEET**

**RFA #21-ONA-53**

***For Part B applicants, submit as Attachment 2***

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

|  |  |  |  |
| --- | --- | --- | --- |
| **REGION** | **SERVICE AREA** | **PRIMARY SERVICE REGION** (Only select one) | **OTHER REGIONS TO BE SERVED** (More than one may be selected) |
| Capital Region | Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Warren, Washington |  |  |
| Central NY | Cayuga, Cortland, Madison, Onondaga, Oswego |  |  |
| Finger Lakes | Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming, Yates |  |  |
| Mohawk Valley | Fulton, Herkimer, Montgomery, Oneida, Otsego, Schoharie |  |  |
| North Country | Clinton, Essex, Franklin, Hamilton, Jefferson, Lewis, St. Lawrence |  |  |
| Southern Tier | Broome, Chemung, Chenango, Delaware, Schuyler, Steuben, Tioga, Tompkins |  |  |
| Western NY | Allegany, Cattaraugus, Chautauqua, Erie, Niagara |  |  |

**APPENDIX C**

NEW YORK STATE DEPARTMENT OF STATE

New York State Office for New Americans

Budget Summary – **RFA #21-ONA-53**

***Submit as Attachment 6***

Grantee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budget Period: **to**

|  |  |
| --- | --- |
| **Cost Categories** | **Total Project Cost by Category** **(In Whole Dollars)** |
| **1** | **Personal Services** |  |
| **2** | **Non-Personal Services (Total of 2a, 2b, 2c, 2d, 2e below)** |  |
| 2a | *Contractual Services* |  |
| 2b | *Equipment* |  |
| 2c | *Travel* |  |
| 2d | *Supplies* |  |
| 2e | *Other* |  |
| **3** | **Administrative Cost Rate (up to 10 %)** |  |
| **Total Project Cost (TOTAL OF LINES 1,2,3)** |  |

|  |
| --- |
| **Personal Services**   |
| **Title**  | **Total Annual Salary**  | **Percentage Charged to the Grant**  | **Total  Charged to the Grant (Whole Dollars)** |
|    |   $ |    |   $ |
|    |   $ |    |   $ |
|    |   $ |    |   $ |
|    |   $ |    |   $ |
| **Personal**Completely justify all positions.  Describe duties and contributions to the project. All proposed positions must be dedicated to direct work of the grant project.         **Fringe**List the proposed fringe rate. List the types of costs included in the fringe rate. Provide a brief justification for each fringe cost. |
| **Personal Services Total (dollar value):**  |

|  |
| --- |
| **Non-Personal Services**  |
| Describe and justify all non-personal spending in detail, including cost per item. Justify the need and how it will benefit the project. **Contractual Services****Equipment****Travel****Supplies****Other** |
| **Non-Personal Services Total (dollar value):**  |

|  |
| --- |
| **Administrative Cost Rate (Up to 10%)** |
| *Describe the percentage of the proposed budget, including proposed costs that will be covered under the administrative cost rate.* |
| **Administrative Cost Rate Total (dollar value):** |

**NYS DEPARTMENT OF STATE**

**MWBE COMPLIANCE FORM**

***Submit as Attachment 3: MWBE Compliance Form***

**DEPARTMENT OF STATE (DOS) - MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES (MWBE) PROGRAM**

Article 15-A of the NYS Executive law was enacted on July 19, 1988, to promote equality of economic opportunities for MWBEs and to eliminate barriers to their participation in state contracting.

The contract’s specific MWBE goals can be identified in the RFP, RFA and/or the budget page in applicable contracts. All applicable contracts, including contracts supported with federal funding which do not have a DBE component, are assessed for MWBE goals.

|  |  |  |
| --- | --- | --- |
| * + Personal services (i.e. payments to staff for labor), staff benefits, training
	+ Travel reimbursements
 | * + Utilities, postage, telephones
	+ Sole source contracts
	+ Operating transfers
 | * Certain rentals and repairs
* Unemployment insurance and tuition reimbursement
 |

**For grants, certain items are exempted from the goal calculation. These include:**

Note: The portion of matching fund/local share is not included in the goal calculation.

**Your responsibilities under Article 15-A are:**

**2. Required MWBE Reporting for Contracts with Utilization Goals**

Within ten days of receipt of the award notification from DOS, submit:

1. Form A
2. Form B (for contracts > $250,000)
3. Form D or D-1.

For non-federally funded contracts, once the contract is executed, set up an account in the New York State Contract System (system) to:

* Submit MWBE utilization plan (if required)
* Report MWBE utilization
* Track and monitor transaction on the contract.

Throughout the contract term:

* Report MWBE utilization through the system OR submit Form F - Quarterly MWBE Utilization

**Waiver Request** – Form E can be submitted if there are no opportunities for MWBE participation, or to demonstrate the GFE to meet the contractual goals.

1. **To Make Good Faith Efforts (GFE)**

You will be required to make “GFE” to provide meaningful participation to MWBEs as subcontractors or suppliers in the performance of contracts.

Documentation of GFE includes, but is not limited to **(5 NYCRR §142.8)**:

* Evidence of outreach to MWBEs: mail, email, phone calls and follow up;
* Written responses by MWBEs to the grantee/vendor’s outreach;
* Copies of search(es) of the directory and advertisements for participation by MWBEs in appropriate general circulation, trade, and minority or women-oriented publications;
* Attendance at any pre-bid, pre-award, or other meetings, if any, scheduled by the grantee with MWBEs including dates and location;
* Information describing specific steps undertaken to reasonably structure the contract scope of work to maximize opportunities for MWBE participation; and
* Information describing non-MWBE subcontractors’ efforts to engage MWBEs to undertake part of the project’s work or to procure equipment/ materials/supplies.

Only the use of **New York State-certified** MWBEs will count towards meeting NYS contract goals:

* The NYS MWBE Directory is located at: <https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp>

**By signing, the applicant confirms that they understand the MWBE requirement, as summarized above, and agree to show due-diligence and to make good faith efforts to provide meaningful participation by MWBEs, whenever possible, if awarded the contract.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature: |  | Date:  |
|  |  |  |
| Printed Name | Title |