

# Form EVTA - 1, Program Plan Application

Part 1, A. Contact Information			
Agency Name:			
Payment Program Name:			
	Contact Individual		
Contact Name:		Department	
Title:		Address Line 1:	
Phone:		Address Line 2:	
Fax:		City, State, ZIP:	
E-mail:		Application Date:	

## Instructions

Form EVTA-1, Program Plan Application is provided to assist you in developing your program plan. Please refer to the Form EVTA-1, Program Plan Procedures and Instructions for additional information and line-by-line instructions. This EVTA-1 Instructions document is available for download from the EVTA Web site or may be obtained by contacting the EVTA Unit.

## Using the Excel Worksheets

As you enter information, you will notice that the worksheet cells will automatically expand to accommodate the entered text. As necessary, you may attach additional documentation to provide a complete response. In order to access the various worksheets, you should click on the tabs located on the bottom of the screen. The worksheet is protected so that you can only enter information in the fields that are designated as user-entered fields.

The text in all user-entered fields and the associated instructions will appear as **blue** (except negative values will appear as **red**). Certain data will be automatically carried over from one worksheet to another so that you are not required to enter the same information more than once. All data that is carried over will appear as **red**. The worksheet will also perform a number of calculations automatically. All calculated fields appear as **red**.

## Using the PDF Version

In the PDF version a fixed amount of space is provided for narrative responses, if additional space is needed, enter "see attached" in the area provided and attach additional pages as necessary. Additionally, in the Excel version certain fields are automatically calculated or carry over to different cells within the spreadsheet. The line-by-line instructions in the EVTA-1 Instructions provides the formulas and cell references necessary for you to perform calculations and carry over values manually.

Submit completed EVTA-1 Application as an e-mail attachment to:  
evta@tax.state.ny.us

or mail to:

Chris Curtis  
Administrator, Electronic Value Transfer Program  
Room 700, Building 8  
NYS Tax Department  
Albany, NY 12227

Contact EVTA staff at:

Phone: (518) 485-0441  
Fax: (518) 485-0243  
E-Mail: evta@tax.state.ny.us  
Web Site: www.tax.state.ny.us/evta

# Form EVTA - 1, Program Plan Application

<b>Agency:</b>	
<b>Program:</b>	

Part 1, B. Description of Existing Payment Program	
1	<p>Description of existing program:</p>
2	<p>Description of customers served:</p> <p> <input type="checkbox"/> Individuals                      <input type="checkbox"/> Businesses                      <input type="checkbox"/> Other (describe below)                 </p> <p><i>Other Description:</i></p>
3	<p>Types of payments accepted:</p> <p> <input type="checkbox"/> Cash                                      <input type="checkbox"/> Checks                                      <input type="checkbox"/> Other (describe below)                 </p> <p><i>Other Description:</i></p>
4	<p>How frequently do customers remit payments?</p> <p> <input type="checkbox"/> One-Time Payments                      <input type="checkbox"/> Regular Payments (recurri   <input type="checkbox"/> Other (describe below)                 </p> <p><i>Other Description:</i></p>
5	<p>How are payments received?</p> <p> <input type="checkbox"/> Along with statement                      <input type="checkbox"/> Separate from any fo                      <input type="checkbox"/> Other (describe below)                 </p> <p><i>Other Description:</i></p>
6	<p>Where are payments received?</p> <p> <input type="checkbox"/> Agency receives paymen                      <input type="checkbox"/> Contractor receives paymer   <input type="checkbox"/> Other (describe below)                 </p> <p> <input type="checkbox"/> Received at Remote Locatio                      Number of Locations: <input style="width: 100px;" type="text"/> </p> <p><i>Other Description:</i></p>
7	<p>Do you currently offer an EVT program?</p> <p> <input type="checkbox"/> No    <input type="checkbox"/> Yes (Identify the contractor and provide a description of the                 </p> <p><i>Description of Program and Name of Contractor:</i></p>

# Form EVTA - 1, Program Plan Application

<b>Agency:</b>	
<b>Program:</b>	

Part 1, C. Description of Desired EVT Program	
1	Desired Implementation Date:
2	Provide a description of the desired EVT payment program:
3	<p>How will you be offering EVT transactions?</p> <p> <input type="checkbox"/> Face-to-Face Transactions      <input type="checkbox"/> Mail Order Transactions  <input type="checkbox"/> Internet Transactions              <input type="checkbox"/> Telephone Order Transactions  <input type="checkbox"/> IVR Transactions                      <input type="checkbox"/> Other (describe below)                 </p> <p><i>Other Description:</i></p>
4	<p>What contractors will you use to implement EVT programs?</p> <p> <input type="checkbox"/> Global                      <input type="checkbox"/> American Express      <input type="checkbox"/> Discover  <input type="checkbox"/> Other (describe below)                 </p> <p><i>Other Description:</i></p>
5	<p>If you are developing an Internet and/or IVR application that will offer EVT payment options, describe your plans to procure these services.</p>
6	<p>If you are offering credit/off-line debit card payments, do you plan to pass the merchant fee onto your customers?</p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes (Describe the method for calculating and informing your customer of this c</p> <p><i>Methods to be used:</i></p>
7	<p>If you will be offering an Internet and/or IVR application, do you plan to pass any usage fees onto your customers?</p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes (Describe the method for calculating and informing your customer of this c</p> <p><i>Methods to be used:</i></p>

# Form EVTA - 1, Program Plan Application

<b>Agency:</b>	
<b>Program:</b>	

## Part 1, D. Description of Program Attributes and Procedures

### Customer Benefits

Discuss the benefits that will be provided to your customers by offering EVT payment options. Examples include: convenience of offering multiple payment options, EVT facilitates e-commerce transactions over the Internet offering 24 x 7 service, eliminates the need to travel or mail payments, customers receive benefits from their credit/charge card (e.g., air miles, additional time to pay), etc.

Description:

### Agency Benefits

Discuss the benefits that your agency will receive by offering EVT payment options. Examples include: reduced manual processing requirements, reduced errors associated with processing paper transactions, increased compliance (i.e., customers may make payments if they do not have the cash on hand), the agency may receive funds sooner (i.e., eliminates mail delays and reduces the time to deposit), guarantees funds since transactions are pre-approved and reduces or eliminates the potential for dishonored checks, allows the agency to reallocate staff, the agency benefits from a statewide contract minimizing redundant procurement efforts, etc.

Description:

### Internet and Interactive Voice Response Applications

If you will be offering EVT payments over the Internet and/or through Interactive Voice Response application, provide a description of these services and the associated benefits (both financial and intangible) to your agency and your customers.

Description:

### Retaining Customer Signatures

Discuss the procedures your agency will use to retain customer authorizations and, if any special procedures will be developed to store and/or retrieve this information.

Description:

# Form EVTA - 1, Program Plan Application

<b>Agency:</b>	
<b>Program:</b>	

**Associating E-Payments to Transactions**  
If applicable, discuss how your agency plans to associate e-payments to transactions (i.e., do you plan to store cross-reference fields such as the Authorized User Unique Field to associate e-payments to transactions). Also, discuss how your agency plans to handle rejected transactions and how it will provide receipts to your customers.

Description:

**Methods for Reconciling E-Payments and Invoices**  
Discuss how your agency plans to reconcile electronic payments submitted with settled funds (i.e., verify that correct number of transactions were processed and correct amount of funds were received) and how you will reconcile and process vendor invoices (i.e., verify that you are charged for the correct number of transactions at the correct rate).

Description:

**Refunds and Chargebacks**  
Discuss how your agency plans to handle refunds and chargebacks including any special procedures for accessing and retrieving information, and if you plan to have any special notices that you will provide to your customers to minimize chargebacks, etc.

Description:

**Security**  
Discuss how your agency plans to handle security of stored and transmitted e-payment information (e.g., credit card numbers, ACH bank account information, etc.).

Description:

**Other**  
Please provide any additional information about your plans to offer EVT applications that will assist the EVTA and the Division of the Budget in reviewing your agency plans.

Description:

# EVTA - 1, Program Plan Application

<b>Agency:</b>	
<b>Program:</b>	

## Part 1, E. Transaction and Collection Information

		Actual Collections		Projected Collections		
		FY 2008 - 09	FY 2009 - 10	FY 2010 - 11	FY 2011 - 12	FY 2012 - 13
1	Transactions:					
2	Value:					
3	Average Ticket (See Note in the inst.):					

## Part 1, F. Planned EVT Transaction Environments

### a. Face-to-Face Transactions

1	Transaction Device:	<input type="checkbox"/> Point-of-Sale	<input type="checkbox"/> PC-Based	<input type="checkbox"/> Batch Process		<input type="checkbox"/> Other (describe):	
2	Payment Device:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX		
		<input type="checkbox"/> On-Line Debit	<input type="checkbox"/> ACH Debit			<input type="checkbox"/> Other (describe):	
				FY 2010 - 11	FY 2008 - 09	FY 2012 - 13	
3	Projected Usage Percent - Face-to-Face Transactions						
4	Projected Number of EVT Transactions			-	-	-	
5	Projected Value of EVT Transactions			-	-	-	

### b. Batch Processing, Mail/Telephone Order Transactions

6	Transaction Device:	<input type="checkbox"/> PC-Based	<input type="checkbox"/> Batch Process		<input type="checkbox"/> Other (describe):	
7	Payment Device:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX	
		<input type="checkbox"/> On-Line Debit	<input type="checkbox"/> ACH Debit	<input type="checkbox"/> ACH Credit	<input type="checkbox"/> Fedwire	<input type="checkbox"/> Other (describe):
				FY 2010 - 11	FY 2008 - 09	FY 2012 - 13
8	Projected Usage Percent - Batch Processing, Mail/Telephone Order Transactions					
9	Projected Number of EVT Transactions			-	-	-
10	Projected Value of EVT Transactions			-	-	-

# EVTA - 1, Program Plan Application

<b>Agency:</b>	
<b>Program:</b>	

c. Internet Transactions					
11	Transaction Device:	<input type="checkbox"/> Internet			
12	Payment Device:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
		<input type="checkbox"/> On-Line Debit	<input type="checkbox"/> ACH Debit	<input type="checkbox"/> ACH Credit	<input type="checkbox"/> Fedwire
13	Convenience Fee:	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
			FY 2010 - 11	FY 2008 - 09	FY 2012 - 13
14	Projected Usage Percent - Internet Transactions				
15	Projected Number of EVT Transactions			-	-
16	Projected Value of EVT Transactions			-	-
d. Interactive Voice Response Transactions					
17	Transaction Device:	<input type="checkbox"/> IVR			
18	Payment Device:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
		<input type="checkbox"/> On-Line Debit	<input type="checkbox"/> ACH Debit	<input type="checkbox"/> ACH Credit	<input type="checkbox"/> Fedwire
19	Convenience Fee:	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
			FY 2010 - 11	FY 2008 - 09	FY 2012 - 13
20	Projected Usage Percent - Interactive Voice Response Transactions				
21	Projected Number of EVT Transactions			-	-
22	Projected Value of EVT Transactions			-	-

## EVTA - 1, Program Plan Application

<b>Agency:</b>	
<b>Program:</b>	

e. Other Types of Transactions				
23	Transaction Device:			
24	Payment Device:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX		
		<input type="checkbox"/> On-Line Debit <input type="checkbox"/> ACH Debit <input type="checkbox"/> ACH Credit <input type="checkbox"/> Fedwire <input type="checkbox"/> Other (describe):		
25	Convenience Fee:	<input type="checkbox"/> No <input type="checkbox"/> Yes		
			FY 2010 - 11	FY 2008 - 09
26	Projected Usage Percent - Other Types of Transactions			
27	Projected Number of EVT Transactions		-	-
28	Projected Value of EVT Transactions		-	-

Part 1, G. Total Projected Number of Transactions				
			FY 2010 - 11	FY 2008 - 09
1	Projected Usage Percent - All Types of Transactions		0.00%	0.00%
2	Projected Number of EVT Transactions		-	-
3	Projected Value of EVT Transactions		-	-

# EVTA - 1, Program Plan Application

<b>Agency:</b>	
<b>Program:</b>	

Part 2, A. EVT Contractor Services - Projected Costs							
i. Recurring Costs		FY 2010 - 11		FY 2008 - 09		FY 2012 - 13	
a.	Gross Transaction Fees						
	Less: Device User Convenience Fees						
	Net Transaction Fees (calculated)	\$	-	\$	-	\$	-
b.	Equipment Lease Fees						
c.	Equipment Rental Fees						
d.	Other Recurring Costs						
e.	Other Agency Recurring Costs						
ii. Non-Recurring Costs							
a.	Equipment Purchases						
b.	Other Non-Recurring Costs						
c.	Agency Development Costs						
<b>iii. Total EVT Costs (calculated)</b>		<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>

## EVTA - 1, Program Plan Application

<b>Agency:</b>	
<b>Program:</b>	

<b>Part 2, B. EVT Benefits</b>				
<b>i. Cost Savings</b>		FY 2010 - 11	FY 2008 - 09	FY 2012 - 13
a.	Benefit from reduced cash/check processing costs			
b.	Benefit from eliminating mail delays			
c.	Benefit from reducing dishonored checks			
d.	Benefit from increased collections (i.e., less uncollectables)			
	Other Cost Savings			
e.				
f.				
g.				
<b>ii. Total EVT Cost Savings</b>		\$ -	\$ -	\$ -

<b>Part 2, C. Net Impact of Offering EVT Services</b>				
<b>i. Net Impact (Total EVT Cost - Total EVT Cost Savings)</b>		FY 2010 - 11	FY 2008 - 09	FY 2012 - 13
<b>i. Net Impact (Total EVT Cost - Total EVT Cost Savings)</b>		\$ -	\$ -	\$ -
a.	If the Net Impact of Offering EVT Services results in an additional cost to your agency, indicate how you are going to cover these costs.			

# Form EVTA -1, Program Plan Application

## Part 3, Program Plan Approval

**Introduction**

*For State Agencies.* Part 3, Program Plan Approval is used to inform State agencies if their EVTA-1 Application has been approved or disapproved after being evaluated by the Electronic Value Transfer Administration (EVTA) and the Division of the Budget (DoB). An approved application authorizes the implementation of an electronic payment program in accordance with the EVTA-1 Application. Disapproval prohibits the implementation of an electronic payment program as requested in a EVTA-1 Application. Disapproved EVTA-1 Applications may, however, be modified and resubmitted for approval. In order to utilize any of the Office of General Services' (OGS) EVT Contracts, State agencies will be required to provide the vendors of these contracts with a copy of this Program Plan Approval indicating their plan has been approved.

*For Non-State Agencies.* Part 3, Program Plan Approval is used to inform non-State agencies that their EVTA-1 Application has been received by the Electronic Value Transfer Administration (EVTA). In order to utilize any of the Office of General Service's (OGS) EVT Contracts, non-State agencies will be required to provide the vendors of these contracts with a copy of this Program Plan Approval indicating their plan has been received by the EVTA.

**OGS EVT Contracts**

A copy of Part 3, indicating the EVTA-1 Application is "Approved" (for State Agency Authorized Users) or "Received" (for Non-State Agency Authorized Users) must be provided to the following EVT contractors in order for these vendors to provide billable services:

1. Global Payments Direct, Inc. (Global)
2. American Express

Refer to the EVTA web site ([www.tax.state.ny.us/evta](http://www.tax.state.ny.us/evta)) for additional information on utilizing OGS' EVT Contracts.

**Completion of Sections A, B & C**

*Section A, Applicant Information.* To be completed by the applicant to identify the entity submitting the application and the payment program covered in the EVTA-1 Application. These fields will automatically be carried over from EVTA-1 Applications created using the Excel spreadsheet version of the Application.

*Section B, State Agency Application Status.* Will be completed by the EVTA and DoB and is used to indicate the outcome of the evaluation process for applications submitted by State agencies. If the "Approved" box is checked, the EVTA-1 Application is approved. If the "Disapproved" box is checked, the EVTA-1 Application is disapproved. Approval is in effect indefinitely, except that a modified EVTA-1 Application must be submitted in order to receive approval to expand the scope of an approved program plan.

*Section C, Non-State Agency Application Status.* Will be completed by the EVTA and is used to indicate that the EVTA has received the application. This received status authorizes a non-State agency to utilize any of OGS' EVT Contracts in accordance with the scope of the plan submitted. Such authorization is in effect for the full term of EVT Contracts; a modified EVTA-1 Application must be submitted if the scope of services expands beyond those identified in the original plan.

Section A, Applicant Information (to be completed by applicant entity)	
<b>Agency:</b>	
<b>Program:</b>	

Section B, State Agency Application Status (to be completed by EVTA and DoB)			
Application Status		Program #	Date
<input type="checkbox"/>	Approved	<input type="checkbox"/>	Disapproved
		EVTA/DoB Stamp	Date

Section C, Non-State Agency Application Status (to be completed by EVTA)			
Application Status		Program #	Date
<input type="checkbox"/>	Received	EVTA Stamp	Date