

**Request for Proposals**

**19-100**

**Controlled Disbursement and Direct Deposit Services**

**Attachments**

**Table of Contents**

[Attachment 1 – Offerer Understanding of, and Compliance with, Procurement Lobbying Guidelines 3](#_Toc44586594)

[Attachment 2 – Notification of Intent to Bid 4](#_Toc44586595)

[Attachment 3 – Bidder’s Checklist 5](#_Toc44586596)

[Attachment 4 – Bidder Attestation 7](#_Toc44586597)

[Attachment 5 – Insurance Requirement Response 8](#_Toc44586598)

[Attachment 6 – Financial Stability Response 10](#_Toc44586599)

[Attachment 7 – References 11](#_Toc44586600)

[Attachment 8 – Listing of Proposed Subcontractors 17](#_Toc44586601)

[Attachment 9 – Undertaking for Bank Deposits and Assignments of Securities Agreement 18](#_Toc44586602)

[Attachment 10 – Vendor Responsibility Response Form 21](#_Toc44586603)

[Attachment 11 – Designation of Prime Contact 22](#_Toc44586604)

[Attachment 12 – Non-Collusive Bidding Certification 23](#_Toc44586605)

[Attachment 13 – Offerer Disclosure of Prior Non-Responsibility Determinations 24](#_Toc44586606)

[Attachment 14 – Offerer’s Certification of Compliance with State Finance Law 139-k (5) 27](#_Toc44586607)

[Attachment 15 – Public Officers Law Form 28](#_Toc44586608)

[Attachment 16 – Public Officers Law – Post Employment Restrictions 29](#_Toc44586609)

[Attachment 17 – Encouraging Use of New York State Businesses in Contract Performance 30](#_Toc44586610)

[Attachment 18 – Vendor Assurance of No Conflict of Interest or Detrimental Effect 31](#_Toc44586611)

[Attachment 19 – Certification of Non-Discrimination Practices 33](#_Toc44586612)

[Attachment 20 – Sexual Harassment Prevention Certification 34](#_Toc44586613)

[Attachment 21 – Staffing Plan 35](#_Toc44586614)

[Attachment 22 – Financial Response Form 37](#_Toc44586615)

**Attachment 1 – Offerer Understanding of, and Compliance with, Procurement Lobbying Guidelines**

New York State Finance Law §139-j(6)(b) requires the DTF seek written affirmation from all Offerers as to the Offerer’s understanding of, and agreement to comply with, the DTF procedures relating to permissible contacts during a Government Procurement pursuant to subdivision three of this section.

|  |  |  |
| --- | --- | --- |
| Procurement Description, Contract or Bid Number: | |  |
| **RFP 19-100 Controlled Disbursement and Direct Deposit Services** | | |
|  | | |
| Offerer Name: |  | |
|  | | |
| Offerer Address: |  | |
|  |  | |
|  |  | |
|  | | |
| Telephone Number: |  | |
|  | | |
| Email Address: |  | |

Offerer affirms it has read, understands and agrees to comply with the guidelines of the New York State Department of Taxation and Finance relative to permissible contacts as required by the State Finance Law §§139-j(3) and 139-j(6)(b).

|  |  |
| --- | --- |
| By *(signature)*: |  |
|  | |
| Name *(please print)*: |  |
|  | |
| Title *(please print)*: |  |
|  | |
| Date: |  |

# Attachment 2 – Notification of Intent to Bid

Please indicate your interest in submitting a proposal for this solicitation by completing and returning this form to the Department by the date indicated on the Schedule of Events.

|  |  |  |  |
| --- | --- | --- | --- |
| Firm Name: |  | |  |
| Authorized Signature: | |  |  |
| Printed Name: |  | |  |
| Title: |  | |  |
| Telephone Number: | |  |  |
| Fax: |  | |  |
| Email Address: | |  |  |
| Address: |  | |  |
|  |  | |  |
|  |  | |  |
| Date: |  | |  |

Please check all that apply:

|  |  |  |
| --- | --- | --- |
|  | **We are a NYS-certified minority or woman owned business.** | |
|  | **We are interested in submitting a proposal.** | |
|  | **We are not interested in submitting a proposal for this solicitation.** | |
|  | **Reason:** |  |

# Attachment 3 – Bidder’s Checklist

**Volume One**

**Tab 1 – Executive Summary**

**Tab 2 – Qualifying Requirements**

Attachment 4 – Bidder Attestation

Attachment 7 – References

Responses to Qualifying Requirements

**Tab 3 – Technical Requirements**

Attachment 5 – Insurance Requirement Response

Attachment 6 – Financial Stability Response

Responses to Technical Requirements

**Volume Two**

**Tab 1 – Cover Letter**

Bidder-Proposed Changes to Contract Terms, if applicable

Request for Exemption from Disclosure, if applicable

An affirmation that the proposal is binding for 210 days

Bidder’s name, address, federal ID, and ten-digit vendor file ID number (if available)

Signed by an official authorized to bind the Bidder to its provisions

**Tab 2 – Administrative Requirements Response Forms**

Attachment 3 – Bidder’s Checklist

Attachment 8 – Listing of Proposed Subcontractors

Attachment 9 – Undertaking for Bank Deposits and Assignment of Securities Agreement

Attachment 10 – Vendor Responsibility Response Form

Attachment 11 – Designation of Prime Contact

Attachment 12 – Non-Collusive Bidding Certification

Attachment 13 – Offerer Disclosure of Prior Non-Responsibility Determinations

Attachment 14 – Offerer’s Certification of Compliance with State Finance Law 139-k(5)

Attachment 15 – Public Officers Law Form

Attachment 16 – Public Officers Law – Post Employment Restrictions

Attachment 17 – Encouraging Use of New York State Businesses in Contract Performance

Attachment 18 – Vendor Assurance of No Conflict of Interest or Detrimental Effect

Attachment 19 – Certification of Non-Discrimination Practices

Attachment 20 – Sexual Harassment Prevention Certification

Attachment 21 – Staffing Plan

Exhibit K – Minority and Women-Owned Business Enterprises - Equal Employment Opportunity Policy Statement

**Volume Three**

Attachment 22 – Financial Response Form

**Attachment 4 – Bidder Attestation**

|  |  |  |
| --- | --- | --- |
| The Bidder checking the “Yes” box and providing its signature below certifies that all information provided in connection with its proposal is true and accurate. |  | Yes |

|  |  |  |
| --- | --- | --- |
| The Bidder checking the “Yes” box and providing its signature below attests that the Bidder has read, understands and agrees to provide the Services as specified in RFP 19-100, Controlled Disbursement and Direct Deposit Services |  | Yes |

|  |  |
| --- | --- |
| By (Signature): |  |
| Name (Please print): |  |
| Date: |  |

**Attachment 5 – Insurance Requirement Response**

This form is for the Insurance Requirements as specified in RFP Section 3.5, Insurance Requirements. Failure to provide sufficient detail may result in the Bidder’s proposal being deemed non-responsive and removed from further consideration.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TABLE 3.5: INSURANCE REQUIREMENTS** | | | | |
| **#** | **REQUIREMENT** | **REQUIRED RESPONSE** | | |
| 1. | Upon notification of conditional award, the selected Bidder must provide the Department its certificates of insurance showing its respective coverages and applicable limits (including applicable deductibles and self-insured retention amounts).  If the selected Bidder is self-insured for any portion of its insurance program, a letter indicating the coverage and limits of such self-insurance, signed by the selected Bidder’s authorized representative with direct knowledge of and responsibility for that insurance/risk management program, must be submitted. |  | Yes, the Bidder affirms its understanding of, and agreement to comply with. the Requirement. | |
| 2. | The Bidder must be insured by the Federal Deposit Insurance Corporation (“FDIC”) during the term of the Contract, including any renewal, extension and transition period.  The Bidder’s company and all staff should be insured, throughout the Contract term, against any financial losses resulting from the Bidder’s employees’ actions. |  | | Yes, the Bidder affirms its understanding of, and agreement to comply with. the Requirement. |
| Provide a summary of the Bidder’s current insurance coverage, including limits and effective dates for each of the following:   * general liability, * umbrella liability, * privacy/security/cyber coverage (including coverage for failure to protect confidential information and failure of the security of the Bidder’s computer systems, which coverage must be without geographic or territorial limitation), * workers’ compensation, * directors and officers/errors and omissions (Banker’s Professional Liability), * financial institution bond (Banker’s Blanket Bond Coverage plus Computer Crime (covering Employee Dishonesty)), and * any other insurance required by law.   Specify if the Bidder is self-insured for any of these coverages.  Specify whether the Department may be added as additional insureds for any of these coverages. | | |
|  | | |

|  |
| --- |
|  |

**Attachment 6 – Financial Stability Response**

This form is for the Financial Stability Requirements as specified in RFP Section 3.6, Financial Stability Requirements.

|  |  |  |
| --- | --- | --- |
| The Bidder affirms its understanding of, and agreement to comply with, the Requirement and, upon the Department’s request, will provide the required information as described in RFP Section 3.6, Financial Stability Requirements*.* |  | Yes |

**Attachment 7 – References**

|  |  |
| --- | --- |
| **Bidder:** |  |
| Provide complete information for each reference submitted. Expand fields as necessary.  Redact proprietary and confidential information as necessary.  **Note:** The Alternate Contract will only be evaluated if Reference Contract #1 or Reference Contract #2 are non-responsive. | |

| **REFERENCE CONTRACT #1** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Name** |  | | | | | | | | |
| **Client Address** |  | | | | | | | | |
| **Client Contact Person** | **Name:** | |  | | | | | | |
| **Title:** | |  | | | | | | |
| **Telephone #:** | | | |  | | | | |
| **Email Address:** | | | |  | | | | |
| **Contract Term** | **From:** | |  | | | **To:** | |  | |
| **ACH Direct Deposit Volume** | Did this contract process at least five million ACH Direct Deposits annually for the three qualifying years? | | | | | | | | |
|  | | | Yes | | |  | | No |
|  | If Yes, provide the annual volume: | | | | | | | | |
| **Paper Checks Volume** | Did this contract process at least two million paper checks annually for the three qualifying years? | | | | | | | | |
|  | | | Yes | | |  | | No |
|  | If Yes, provide the annual volume: | | | | | | | | |
| **Contract Service Description** |  | | | | | | | | |
| **Subcontractors** | Does this reference contract use any subcontractors? | | | | | | | | |
|  | | | Yes | | |  | | No |
| If “Yes”, provide the name of each subcontractor and the service role in the reference contract:  *If more than three subcontractors were utilized, attach additional pages as necessary.* | | | | | | | | |
| **Subcontractor 1** | | | | | | | | |
| **Name:** |  | | | | | | | |
| **Service Role:** | |  | | | | | | |
| **Subcontractor 2** | | | | | | | | |
| **Name:** |  | | | | | | | |
| **Service Role:** | |  | | | | | | |
| **Subcontractor 3** | | | | | | | | |
| **Name:** |  | | | | | | | |
| **Service Role:** | |  | | | | | | |

| **REFERENCE CONTRACT #2** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Name** |  | | | | | | | | |
| **Client Address** |  | | | | | | | | |
| **Client Contact Person** | **Name:** | |  | | | | | | |
| **Title:** | |  | | | | | | |
| **Telephone #:** | | | |  | | | | |
| **Email Address:** | | | |  | | | | |
| **Contract Term** | **From:** | |  | | | | **To:** |  | |
| **ACH Direct Deposit Volume** | Did this contract process at least five million ACH Direct Deposits annually for the three qualifying years? | | | | | | | | |
|  | | | Yes | |  | | | No |
|  | If Yes, provide the annual volume: | | | | | | | | |
| **Paper Checks Volume** | Did this contract process at least two million paper checks annually for the three qualifying years? | | | | | | | | |
|  | | | Yes | |  | | | No |
|  | If Yes, provide the annual volume: | | | | | | | | |
| **Contract Service Description** |  | | | | | | | | |
| **Subcontractors** | Does this reference contract use any subcontractors? | | | | | | | | |
|  | | | Yes | |  | | | No |
| If “Yes”, provide the name of each subcontractor and the service role in the reference contract: | | | | | | | | |
| **Subcontractor 1** | | | | | | | | |
| **Name:** |  | | | | | | | |
| **Service Role:** | |  | | | | | | |
| **Subcontractor 2** | | | | | | | | |
| **Name:** |  | | | | | | | |
| **Service Role:** | |  | | | | | | |
| **Subcontractor 3** | | | | | | | | |
| **Name:** |  | | | | | | | |
| **Service Role:** | |  | | | | | | |

| **ALTERNATE REFERENCE CONTRACT** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Name** |  | | | | | | | | |
| **Client Address** |  | | | | | | | | |
| **Client Contact Person** | **Name:** | |  | | | | | | |
| **Title:** | |  | | | | | | |
| **Telephone #:** | | | |  | | | | |
| **Email Address:** | | | |  | | | | |
| **Contract Term** | **From:** | |  | | | | **To:** |  | |
| **ACH Direct Deposit Volume** | Did this contract process at least five million ACH Direct Deposits annually for the three qualifying years? | | | | | | | | |
|  | | | Yes | |  | | | No |
|  | If Yes, provide the annual volume: | | | | | | | | |
| **Paper Checks Volume** | Did this contract process at least two million paper checks annually for the three qualifying years? | | | | | | | | |
|  | | | Yes | |  | | | No |
|  | If Yes, provide the annual volume: | | | | | | | | |
| **Contract Service Description** |  | | | | | | | | |
| **Subcontractors** | Does this reference contract use any subcontractors? | | | | | | | | |
|  | | | Yes | |  | | | No |
| If “Yes”, provide the name of each subcontractor and the service role in the reference contract: | | | | | | | | |
| **Subcontractor 1** | | | | | | | | |
| **Name:** |  | | | | | | | |
| **Service Role:** | |  | | | | | | |
| **Subcontractor 2** | | | | | | | | |
| **Name:** |  | | | | | | | |
| **Service Role:** | |  | | | | | | |
| **Subcontractor 3** | | | | | | | | |
| **Name:** |  | | | | | | | |
| **Service Role:** | |  | | | | | | |

# Attachment 8 – Listing of Proposed Subcontractors

Complete this form for the Subcontractor requirement as requested in RFP Section 5.2.18. The Bidder must identify all Subcontractors to be utilized for any resultant Contract.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Subcontractor Name** | **EIN** | **M/WBE Certified**  **(check if Yes)** | **SDVOB Certified**  **(check if Yes)** | **Description of Services to be Performed Including Applicable Requirement #(s)** | **Location/Address of Services to be Performed** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*Expand form if necessary.*

**Attachment 9 – Undertaking for Bank Deposits and Assignments of Securities Agreement**

|  |
| --- |
| **WHEREAS,** The       of        , New York (hereinafter “Bank”) has been duly designated in accordance with the provisions of law to receive and keep on deposit: such moneys received by the Commissioner of Taxation and Finance that are required by Section 106 of the State Finance Law to be deposited by the Commissioner to the credit of the State Comptroller; any other moneys received by the Commissioner of Taxation and Finance, except as provided in Section 105 of State Finance Law, and deposited in the Bank by the Commissioner to the credit of the State Comptroller; all moneys received by any other State officer or other person receiving moneys belonging to the State of New York or for which such officer or other person may be responsible in an official capacity and which moneys are deposited in the Bank to the credit of such officer or other person; all moneys received by any State institution and deposited in its name in the Bank; all moneys received from the State by any charitable or benevolent institution supported in whole or in part by the State which moneys are deposited in the Bank to the credit of such charitable or benevolent institution; and all moneys including but not limited to moneys of any municipality, commission, authority or public corporation deposited by the State Comptroller in the Bank in the name of the State Comptroller or as an agent of the State Comptroller, and  **WHEREAS,** the Bank is required by statute to execute and file in the Office of the State Comptroller its undertaking for the safekeeping and prompt payment of any moneys on deposit, with interest, if any.  **WHEREAS**, the Bank hereby executes and delivers such an undertaking to the people of the State of New York in the penal sum of an amount equal to the total of all moneys hereinabove described which are now or shall hereafter be on deposit in or held by the Bank to the credit of such public entities, which undertaking is secured, pursuant to the provisions of the Uniform Commercial Code, and any other applicable State law or Federal law, by the deposit of the outstanding securities with the State Comptroller or any party designated by the State Comptroller.  **NOW THEREFORE**, the Bank in consideration of such deposits made or to be made therein, and for value received, does hereby undertake, covenant and agree to and with the People of the State of New York, to safely keep and well and faithfully account for all moneys, which are now or shall hereafter be on deposit in or held by the Bank, and will pay the same promptly at any and all times on legal demand therefore with interest on agreed balances at an agreed rate per annum, to be credited as applicable.  To secure its performance of this Undertaking, the Bank, pursuant to the Uniform Commercial Code and other applicable State law or Federal law, does hereby pledge, transfer and assign securities to the State Comptroller for the purpose of granting a security interest in such securities to save harmless and indemnify the People of the State of New York and the depositor from and against all loss, both principal and interest, costs, damages, or expense of any kind or nature, that may be incurred for or on account of said funds and moneys heretofore or hereafter deposited in or held by the Bank and for which security is required by or pursuant to the provisions of law or for which the Bank shall in any way become liable to the State or the depositor;  The securities pledged, transferred and assigned pursuant to this undertaking and assignment shall be transferred to the State Comptroller or a party designated by him for this purpose, and the State Comptroller or such party shall confirm the receipt of such securities in writing to the Bank.  In the event that the Bank shall either (1) fail to pay to the State or other depositor any funds which the State or depositor has on deposit with the Bank in accordance with the terms of such deposit; or (2) suspend active operations or be determined insolvent by Federal or State officials having authority over the Bank, the Bank shall be in default and the State Comptroller may, in addition to any other remedies provided by law, sell any or all of the securities pledged pursuant to this undertaking and assignment.  And the Bank does hereby irrevocably constitute and appoint the Comptroller of the State of New York its lawful attorney to transfer said securities on the records of the transfer officer, at the transfer office, with full power of substitution in the premises.  On the withdrawal of all moneys so secured and closing and settlement of the account thereof, the State Comptroller will return said securities to the Bank. |
| **Signature**    **Printed or Typed Name**    **Title**    **Date** |
| **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, acknowledged to me that he/she maintains an office at , and further that he/she is the of , the corporation described in foregoing instrument; that, by authority of the Board of Directors of the corporation he/she is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, he/she executed the foregoing instrument in the name of and on behalf of the corporation as the act and deed of the corporation.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Notary Public**  **Registration No.** |

# Attachment 10 – Vendor Responsibility Response Form

|  |  |
| --- | --- |
| Bidder’s Name: |  |

Bidders must complete a Vendor Responsibility Questionnaire in response to this RFP. Bidders are invited to file the required Vendor Responsibility Questionnaire online via the OSC New York State VendRep System or may choose to complete and submit a paper questionnaire. To enroll in and use the New York State VendRep System, see the VendRep System instructions available at [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep) or go directly to the VendRep System online at <https://onlineservices.osc.state.ny.us>. For direct VendRep System user assistance, the OSC Help Desk may be reached at 866-370-4672 or 518-408-4672 or by email at [ciohelpdesk@osc.state.ny.us](mailto:ciohelpdesk@osc.state.ny.us). Bidders opting to file a paper questionnaire can obtain the appropriate questionnaire from the VendRep website at [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep) or may contact one of the Department’s designated contacts.

Please check one of the following:

|  |  |
| --- | --- |
|  | A 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. |

NOTE: If a Vendor Responsibility Questionnaire has been filed online and has not been certified within the last six months, the Bidder must either update/recertify the online questionnaire or submit a new paper Vendor Responsibility Questionnaire. Upon notification of award, the successful Bidder may be required to update/recertify the online questionnaire.

# Attachment 11 – Designation of Prime Contact

The Bidder designates the following individual as the prime contact for this proposal and acknowledges that this individual is authorized to respond on behalf of the Bidder. This designation will last for the entire evaluation process and contract negotiations. Any request for change in the designated contact must be submitted in writing to the issuing officer designated in this RFP and must be accompanied by an updated form.

|  |  |  |  |
| --- | --- | --- | --- |
| Bidder Name: | |  | |
| Address: |  | | |
|  | | |
|  | | |
| Prime Contact Name: | | |  |
| Title: |  | | |
| Email Address: | |  | |
| Phone Number: | |  | |
| Fax: |  | | |
| Authorized Signature: | | |  |
| Printed Name: | |  | |
| Title: |  | | |
| Date: |  | | |

# Attachment 12 – Non-Collusive Bidding Certification

In accordance with Section 139-d of the State Finance Law:

1. By submission of this bid, the Bidder and each person signing on behalf of the Bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief:
2. The prices in this bid have been arrived at independently, without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other Bidder or with any competitor;
3. 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
4. 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.
5. A bid shall not be considered for award nor shall any award be made where (a), (1), (2), and (3) above have not been complied with; provided however, that if in any case the Bidder cannot make the foregoing certification, the Bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor. Where (a), (1), (2), and (3) above have not been complied with, the bid shall not be considered for award nor shall any award be made unless the head of the purchasing unit of the state, public department or agency to which the bid was made, or his/her designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a Bidder has published price lists, rates, or tariffs covering items or services being procured, has informed prospective customers of proposed or pending publication of new or revised price lists for such items, or has sold the same items to other customers at the same prices being bid, does not constitute a disclosure within the meaning stated above.

The Bidder certifies adherence to all conditions in the Non-Collusive Bidding Practices subsection of this RFP.

|  |  |  |  |
| --- | --- | --- | --- |
| Bidder's Name: | |  | |
| Bidder's Address: | | |  |
|  | | |  |
|  | | |  |
| Authorized Signature: | | |  |
| Name: |  | | |
| Title: |  | | |

**Attachment 13 – Offerer Disclosure of Prior Non-Responsibility Determinations**

New York State Finance Law §139-k(2) obligates a Governmental Entity to obtain specific information regarding prior non-responsibility determinations with respect to State Finance Law §139-j. This information must be collected in addition to the information that is separately obtained pursuant to State Finance Law §163(9). In accordance with State Finance Law §139-k, an Offerer must be asked to disclose whether there has been a finding of non-responsibility made within the previous four years by any Governmental Entity due to: (a) a violation of State Finance Law §139-j or (b) the intentional provision of false or incomplete information to a Governmental Entity. The terms “Offerer” and “Governmental Entity” are defined in State Finance Law §139-k(1). State Finance Law §139-j sets forth detailed requirements about the restrictions on Contacts during the procurement process. A violation of State Finance Law §139-j includes, but is not limited to, an impermissible Contact during the restricted period (for example, contacting a person or entity other than the designated contact person, when such contact does not fall within one of the exemptions).

As part of its responsibility determination, State Finance Law §139-k(3) mandates consideration of whether an Offerer fails to timely disclose accurate or complete information regarding the above non-responsibility determination. In accordance with law, no Procurement Contract shall be awarded to any Offerer that fails to timely disclose accurate or complete information under this section, unless a finding is made that the award of the Procurement Contract to the Offerer is necessary to protect public property or public health safety, and that the Offerer is the only source capable of supplying the required Article of Procurement within the necessary timeframe. See State Finance Law §§139-j (10)(b) and 139-k(3).

A Governmental Entity must include a disclosure request regarding prior non-responsibility determinations in accordance with State Finance Law §139-k in its solicitation of proposals or bid documents or specifications or contract documents, as applicable, for Procurement Contracts. The attached form is to be completed and submitted by the individual or entity seeking to enter into a Procurement Contract. It shall be submitted to the Governmental Entity conducting the Governmental Procurement.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Offerer Disclosure of Prior Non-Responsibility Determinations** | | | | | | | | | | | | | | | | | | |
| Procurement Description, Contract or Bid Number: | | | | | | | | |  | |  | | | | | | | |
| **RFP 19-100 Controlled Disbursement and Direct Deposit Services** | | | | | | | | | | | | | | | | | | |
|  |  | | |  | | | | | |  | | |  | | |  | | | |
| Offerer Name: | | | |  | | | | | | | | | | | | | | |
|  |  | | |  | | | | | |  | | |  | | |  | | | |
| Offerer Address: | | | |  | | | | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | | | | | |
|  |  | | |  | | | | | |  | | |  | | |  | | | |
| Phone Number: | | | |  | | | | | |  | | |  | | |  | | | |
|  |  | | |  | | | | | |  | | |  | | |  | | | |
| Email: | | | |  | | | | | |  | | |  | | |  | | | |
|  |  | | |  | | | | | |  | | |  | | |  | | | |
| Name and Title of Person Submitting This Form: | | | | |  | | | | | | | | | | | | | |
|  |  | | |  | | | | | |  | | | | | | | | |
|  |  | | |  | | | | | |  | | | | | | | | |
| 1. Has any New York State agency or authority made a finding of non-responsibility regarding the Offerer in the last four years? | | | | | | | | | | | | |  | Yes |  | | | No |
|  | | | | | | | | | | | | | | | | | | |
|  | If yes, please answer the following questions: | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | 1. Was the basis for the finding of the Offerer’s non-responsibility due to a violation of State Finance Law §139-j? | | | | | | | | | | | |  | Yes |  | | No | |
|  | | | | | | | | | | | | | | | | | | |
|  | 1. Was the basis for the finding of the Offerer’s non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity? | | | | | | | | | | | |  | Yes |  | | No | |
|  | | | | | | | | | | | | | | | | | | |
|  | 1. If you responded “Yes” to Questions 1, 2 or 3, please provide details regarding the finding of non-responsibility below: | | | | | | | | | | | | | | | | | |
|  |  | Government Entity: | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  |  | Date of Finding of Non-responsibility: | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  |  | Facts Underlying Finding of Non-Responsibility (Add additional pages as necessary): | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | 1. Has any New York State agency or authority terminated a Procurement Contract with the Offerer due to the intentional provision of false or incomplete information? | | | | | | | | | | | |  | Yes |  | | No | |
|  |  |  | | | | | | | | | | | | | | | | |
|  |  | 1. If you responded “Yes” to the above question, please provide details regarding the termination below: | | | | | | | | | | | | | | | | |
|  |  |  | Government Entity: | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  |  |  | Date of Finding of Non-Responsibility: | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  |  |  | Facts Underlying Finding of Non-Responsibility (Add additional pages as necessary): | | | | | | | | | | | | | | | |
|  |  |  |  | | | | | | | | | | | | | | | |
|  |  |  | |  | | | | | | | | | | | | | | |
| **Offerer certifies that all information provided to the DTF with respect to State Finance Law §139-k is complete, true and accurate.** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| By (Signature): | | | | | | | | | |  | | | | | | | | |
| Name (Please print): | | | | | | | | | |  | | | | | | | | |
| Date: | | | | | | | | | |  | | | | | | | | |

**Attachment 14 – Offerer’s Certification of Compliance with State Finance Law 139-k (5)**

New York State Finance Law §139-k(5) requires that every Procurement Contract award subject to the provisions of State Finance Law §§139-k or 139-j shall contain a certification by the Offerer that all information provided to the procuring Government Entity with respect to State Finance Law 139-k is complete, true and accurate.

**Offerer Certification**

I certify that all information provided to the DTF with respect to State Finance Law §139-k is complete, true and accurate.

|  |  |  |  |
| --- | --- | --- | --- |
|  | By*: (signature)* | |  |
|  |  |  | |
|  | Date: |  | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
| Procurement Description, Contract or Bid Number: | | |
| **RFP 19-100 Controlled Disbursement and Direct Deposit Services** | | |
|  |  |  |
|  |  |  |
| Name *(Please print)*: | |  |
|  |  |  |
| Title: |  | |
|  |  |  |
| Offerer Name: | |  |
|  |  |  |
| Offerer Address: | |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Telephone Number: | |  |
|  |  |  |
| Email Address: | |  |

**Attachment 15 – Public Officers Law Form**

Disclosure of business or professional activities by state officers and employees and party officers.

**§ 73. Business or professional activities by state officers and employees and party officers.**

4. (a) No statewide elected official, state officer or employee, member of the legislature, legislative employee or political party chairman or firm or association of which such person is a member, or corporation, ten per centum or more of the stock of which is owned or controlled directly or indirectly by such person, shall (i) sell any goods or services having a value in excess of twenty-five dollars to any state agency, or (ii) contract for or provide such goods or services with or to any private entity where the power to contract, appoint or retain on behalf of such private entity is exercised, directly or indirectly, by a state agency or officer thereof, unless such goods or services are provided pursuant to an award or contract let after public notice and competitive bidding. This paragraph shall not apply to the publication of resolutions, advertisements or other legal propositions or notices in newspapers designated pursuant to law for such purpose and for which the rates are fixed pursuant to law.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Is the Bidder a New York State officer, employee, or party officer? | | | | | |  | Yes | |  | No | |
|  | | | | | | | | | | | |
| 1. Are any of the members of Bidder’s firm or corporation, who own or control ten per centum or more of stock, a New York State officer, employee, or party officer? | | | | | |  | Yes | |  | No | |
|  | | | | | | | | | | | |
| 1. Is the proposed subcontractor (if applicable) a New York State officer, employee, or party officer? | | | | | |  | Yes | |  | No | |
|  | |  |  |  |  |  |  | |  | | |
|  | |  |  |  |  |  |  | |  | | |
| Bidder affirms it has read, understands and agrees to comply with the Guidelines of Public Officers Law § 73 (4)(a). | | | | | | | | | | | |
|  | |  |  |  |  |  |  | |  | | |
| By *(signature)*: | | |  | | | | | |  | | |
|  | |  |  |  |  |  |  | |  | | |
| Name *(please print)*: | | |  | | | | | |  | | |
|  | |  |  |  |  |  |  | |  | | |
| Title *(please print)*: | | |  | | | | | |  | | |
|  | |  |  |  |  |  |  | |  | | |
| Date: | |  | | |  |  |  | |  | | |

# Attachment 16 – Public Officers Law – Post Employment Restrictions

By signing below and submitting a proposal to this RFP, the signatory certifies, for and on behalf of the Bidder, that:

1. He/she has read and understands the provisions applicable to post employment restrictions affecting former State officers and employees, available using the link\* below:
2. Public Officers Law § 73(8)(a)(i), (the two-year bar); and
3. Public Officers Law § 73(8)(a)(ii), (the life-time bar);
4. Submission of this proposal does not violate either provision;
5. He/she is familiar with or has made diligent inquiry of, the Bidder's relevant employees, and agents;
6. No violation shall occur by entering into a contract or in performance of the contractual services;
7. This certification is material to the proposal; and
8. He/she understands that the Department intends to rely on this certification.

The Bidder shall fully disclose to the Department, within its proposal and on a continuing basis, any circumstances that affect this certification or the Bidder’s ability to comply with the cited laws. Bidders shall address any questions concerning §73(8) of the Public Officers Law to:

The New York State Joint Commission on Public Ethics   
540 Broadway   
Albany, NY 12207   
Telephone #: (518) 408-3976

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| By *(signature)*: | |  | | |
|  |  |  | |  |
| Name *(please print)*: | |  | | |
|  |  |  | |  |
| Title *(please print)*: | |  | | |
|  |  |  | |  |
| Date: |  | |  | |
|  |  |  | |  |

*\*Click on this link:* [*Public Officers Law, Article 4*](http://public.leginfo.state.ny.us/menuf.cgi)*. When the page opens, click on “****Laws of New York****”. On the next page, select “****PBO Public Officers****”. When this page opens, select “****Article 4 – (60 - 79) POWERS AND DUTIES OF PUBLIC OFFICERS****” and choose* ***Sections 73 (8-a)(i)*** *and* ***73 (8-a)(ii)****.*

# Attachment 17 – Encouraging Use of New York State Businesses in Contract Performance

New York State businesses have a substantial presence in State contracts and strongly contribute to the economies of the State and nation. In recognition of their economic activity and leadership in doing business in New York State, Bidders for the Contract for commodities, services or technology are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the Contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles.

Bidders need to be aware that all authorized users of the Contract will be strongly encouraged to the maximum extent practical and consistent with legal requirements, to use responsible and responsive New York State businesses in purchasing commodities that are of equal quality and functionality and in utilizing services and technology. Furthermore, Bidders are reminded that they must continue to utilize small, minority and women-owned businesses, consistent with current State law.

Utilizing New York State businesses in State contracts will help create more private sector jobs, rebuild New York’s infrastructure, and maximize economic activity to the mutual benefit of the contractor and its New York State business partners. New York State businesses will promote the contractor’s optimal performance under the Contract, thereby fully benefitting the public sector programs that are supported by associated procurements.

Public procurements can drive and improve the State’s economic engine through promotion of the use of New York businesses by its contractors. The State therefore expects Bidders to provide maximum assistance to New York businesses in their use of the Contract. The potential participation by all kinds of New York businesses will deliver great value to the State and its taxpayers.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bidders can demonstrate their commitment to the use of New York State businesses by responding to the question below: | | | | | | | | | |
|  | | | | | | | | | |
| Will New York State Businesses be used in the performance of the Contract resulting from this RFP? | | | | |  | Yes | |  | No |
| If yes, please identify the New York State businesses that will be used and attach identifying information. | | | | | | | | | |
|  | | | | | |
|  | | | | | |
| By *(signature)*: | |  | | | |
|  | | | | | |
| Name *(please print)*: | |  | | | |
|  | | | | | |
| Title *(please print)*: | |  | | | |
|  | | | | | |
| Date: |  | |  | | |

# Attachment 18 – Vendor Assurance of No Conflict of Interest or Detrimental Effect

The Bidder offering to provide services pursuant to this RFP attests that its performance of the services outlined does not and will not create a conflict of interest with, nor position the Bidder to breach, any other contract currently in force with the State of New York.

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

1. The fulfillment of obligations by the Bidder, as proposed in the response, does not violate any existing contract or agreement between the Bidder and the State;
2. The fulfillment of obligations by the Bidder, 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 Bidder has with regard to any existing contract or agreement between the Bidder and the State;
3. The fulfillment of obligations by the Bidder, as proposed in the response, does not and will not compromise the Bidder’s ability to carry out its obligations under any existing contract between the Bidder and the State;
4. The fulfillment of any other contractual obligations that the Bidder has with the State will not affect or influence its ability to perform under any contract with the State resulting from this solicitation;
5. During the negotiation and execution of any contract resulting from this solicitation, the Bidder 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 solicitation, the Bidder 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 Bidder, nor any former officer or employee of the Bidder 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 Bidder 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.

The Bidder should note that the State recognizes that conflicts may occur in the future because a Bidder 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.

|  |  |  |  |
| --- | --- | --- | --- |
| By *(signature)*: | |  | |
|  | | | |
| Name *(please print)*: | |  | |
|  | | | |
| Title *(please print)*: | |  | |
|  | | | |
| Date: |  | |  | |

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

**Attachment 19 – Certification of Non-Discrimination Practices**

The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment based on age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender 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 their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bidder: |  | | | |
|  |  |  |  | |
| By (signature): | |  | | |
|  |  |  |  | |
| Name (Please Print): | |  | | |
|  |  |  |  | |
| Title: |  | | | |
|  |  |  |  | |
| Date: |  | | |  |

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

**Attachment 20 – Sexual Harassment Prevention Certification**

State Finance Law §139-l 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 section two hundred one-g of the labor law.

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 two hundred one-g of the labor law.

The Bidder’s signature below certifies its compliance with State Finance Law §139-I.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bidder: |  | | | |
|  |  | |  | |
| By (*signature*): | |  | | |
|  |  | |  | |
| Name (*Please Print)*: | | |  | |
|  |  | |  | |
| Title: |  | | | |
|  |  | |  | |
| Date: |  | | |  |

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

If the bidder cannot make the above certification, the bidder must provide a statement with their bid detailing the reasons therefor:

|  |
| --- |
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**Attachment 21 – Staffing Plan**

**Submit with Bid or Proposal – Instructions on Page 2 of this form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Solicitation No.:** | **Reporting Entity:** | **Report includes Contractor’s/Subcontractor’s:**  Work force to be utilized on this contract  Total work force | | | |
| **Offerer’s Name:** | | Offerer  Subcontractor | | | |
| **Offerer’s Address:** | |  | **Subcontractor’s 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 | | | | | | | | | |  | | | | |
| Total  Male  (M) | Total  Female  (F) | | White | | Black | | Hispanic | | Asian | | Native American | | Disabled | | | Veteran | |
| (M) | (F) | (M) | (F) | (M) | (F) | (M) | (F) | (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.:**  **EMAIL ADDRESS:** | | **DATE:** |
| **NAME AND TITLE OF PREPARER (Print or Type):** | | **Submit completed with bid or proposal M/WBE 101 (Rev 11/08)** | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **General Instructions:** All Offerers and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (M/WBE 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 Offerer 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 Offerer 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 Offerer. 2. Check off the appropriate box to indicate if the Offerer 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 Offerers’ 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 OM/WBE 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 | | | | |
|  |  | **M/WBE 101 (Rev 11/08)** | | | | |

**Attachment 22 – Financial Response Form**

The Bidder must complete Attachment 22 in strict compliance with RFP Section 4, Financial Requirements.

|  |  |  |  |
| --- | --- | --- | --- |
| **TRANSACTION FEES** | | | |
| **Service Line** | **Annual Volume** | **Unit of Measure** | **Unit Cost** |
| **Paid Checks** | **4,500,000** | **per item** | **$** |
| **Direct Deposits (outgoing ACH)** | **5,800,000** | **per item** | **$** |
| **Fedwires** | **250** | **per item** | **$** |
| **NACHA – unauthorized entry (see Note 3)** | **12** | **per item** | **$** |
| **SYSTEM ENHANCEMENTS** | | | |
| **Project Manager** | | **per hour** | **$** |
| **Business Analyst** | | **per hour** | **$** |
| **Programmer** | | **per hour** | **$** |
| **Tester** | | **per hour** | **$** |
| 1. **Volumes shown on Attachment 22 are provided for proposal pricing only and are not a guarantee of actual volumes.** 2. **The unit costs proposed must be inclusive of all costs associated with the Services. Additional fees for Services will not be accepted. There may be no deletions or omissions of Service lines from Attachment 22; if the Bidder proposes a zero-value fee for any Service line, service line should be marked as zero and not left blank. No add-on costs are permitted. Any pricing information that does not conform to the presentation allowed on this Attachment cannot be evaluated, will be disregarded as extraneous, and cannot be charged to the State after the award of a Contract.** 3. **The NACHA fee for unauthorized entry is not eligible for CPI-U increase and may not exceed current NACHA fee.** | | | |
| **By its signature below, the Bidder affirms understanding of, and agreement to comply with the mandatory financial provisions of RFP Section 4, Financial Requirements.** | | | |
| **Bidder:** |  | | |
| **Street Address:** |  | | |
| **City, State, ZIP Code:** |  | | |
| **Authorized Signature:** |  | | |
| **Printed Name:** |  | | |
| **Title:** |  | | |
| **Date:** |  | | |