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**Request for Proposals**

**21-100**

**Consulting Services for the New York State Secure Choice Savings Program**

**Attachments**

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# Attachment 1 – Bidder’s Checklist

|  |
| --- |
| **Volume One** |
| **Tab 1 – Executive Summary** |  |
| **Tab 2 –** **Qualifying Requirements** |  |
| [ ]  | Attachment B – Qualifying Requirements Response Form |  |
| **Tab 3 – Technical Requirements** |  |
| [ ]  | Bidder’s Written Response to the RFP |  |
| [ ]  | Attachment A – Bidder Attestation Form |  |
| [ ]  | Attachment C – Firm Experience and Reference Response Form |  |
| [ ]  | Attachment D – Engagement Partner Response Form |  |
| **Volume Two** |
| **Tab 1 –** **Bidder’s Checklist and Cover Letter** |  |
| [ ]  | Cover Letter, including:[ ]  The complete name and address of the bidding entity;[ ]  The Federal or Taxpayer Identification Number of the entity;[ ]  The ten-digit Vendor File ID number (if available); and[ ]  An affirmation that the proposal is binding for the required period indicated in RFP Section 8.1.7. |  |
|  | [ ]  Official authorized signature to bind the Bidder to proposal provisions |  |
| [ ]  | Bidder-Proposed Changes to Contract Terms, if applicable |  |
| [ ]  | Request for Exemption from Disclosure, if applicable |  |
| [ ]  | Attachment 1 – Bidder’s Checklist |  |
| **Tab 2 – M/WBE Plan and Diversity Practices** |  |
| [ ]  | Attachment 3 – Diversity Practices Questionnaire |  |
| [ ]  | Attachment 4 – MWBE Utilization Plan |  |
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| [ ]  | Attachment 10 – Offerer’s Certification of Compliance with State Finance Law 139-k(5) |  |
| [ ]  | Attachment 11 – Public Officers Law Form |  |
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| [ ]  | Attachment 13 – Listing of Proposed Subcontractors Form |  |
| [ ]  | Attachment 14 – Encouraging Use of New York State Businesses in Contract Performance |  |
| [ ]  | Attachment 15 – Vendor Assurance of No Conflict of Interest or Detrimental Effect  |  |
| [ ]  | Attachment 16 – EO-177 Certification  |  |
| [ ]  | Attachment 17 – Sexual Harassment Prevention Certification  |  |
| **Volume Three** |
| [ ]  | Attachment 18 – Financial Response Form |  |

# Attachment 2 – 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 21-100 Consulting Services for the New York State Secure Choice Savings Program**

Offerer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Offerer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail 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 3 – Diversity Practices Questionnaire

**Note: Points will not be awarded based on your company’s status as a certified MWBE firm, monies spent 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:

Does your company have a Chief Diversity Officer or other individual who is tasked with supplier diversity initiatives?

 **Yes ☐ or No ☐**

If Yes, provide the name, title, description of duties, 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-venturers, 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/or women-owned business enterprises as suppliers/contractors?[[1]](#footnote-1)

4. Does your company provide technical training[[2]](#footnote-2) to minority and women-owned business enterprises?

 **Yes ☐ or 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.

5. Is your company participating in a government approved minority and women-owned business enterprise mentor-protégé program?

**Yes ☐ or 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 ☐ or 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 enterprise supplier diversity program?

**Yes ☐ or No ☐**

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

8. Does your company plan to enter into partnering or subcontracting agreements with New York State certified minority and women-owned business enterprises if selected as the successful respondent?

 **Yes ☐ or No ☐**

If Yes, complete the attached **MWBE** **Utilization Plan (Attachment 4)**.

**Note:** All information provided in connection with the questionnaire is subject to audit and any fraudulent statements are subject to criminal prosecution and debarment.

**Signature of Owner/Official \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Signatory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY OF                             )  ss:

On the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 202\_, before me, the undersigned, a Notary Public in and for the State of \_\_\_\_\_\_\_\_\_\_, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this certification and said person executed this instrument.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

# Attachment 4 – MWBE Utilization Plan

**INSTRUCTIONS: This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (M/WBE) under the contract. Attach additional sheets if necessary. Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not preform commercially useful functions may not be counted toward MWBE utilization.**

**Offerer’s Name:**       **Federal Identification No.:**

**Address:**       **Solicitation No.:**

**City, State, Zip Code:**       **Project No.:**

Telephone No.: **M/WBE Goals in the Contract:** MBE      % WBE      %

Region/Location of Work:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Certified M/WBE Subcontractors/Suppliers**  **Name, Address, Email Address, Telephone No.**   | **2. Classification** | **3.** **Federal ID No.** | **4.** **Detailed Description of Work** **(Attach additional sheets, if necessary)** | **5.** **Dollar Value of Subcontracts/** **Supplies/Services and intended performance dates of each component of the contract.** |
| **A.**       | NYS ESD CERTIFIED[ ]  MBE [ ]  WBE  |        |       |       |
| **B.**       | NYS ESD CERTIFIED[ ]  MBE[ ]  WBE  |       |       |       |
| **6. IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, OFFERER MUST SUBMIT A REQUEST FOR WAIVER FORM (M/WBE 104).** |
| **PREPARED BY (Signature):**      **DATE:**      **NAME AND TITLE OF PREPARER (Print or Type):**      SUBMISSION OF THIS FORM CONSTITUTES THE OFFERER’S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT. | **TELEPHONE NO.:**      | **EMAIL ADDRESS:**       |
| **FOR M/WBE USE ONLY** |
| **REVIEWED BY:**      | **DATE:**      |
| **UTILIZATION PLAN APPROVED:** [ ]  YES [ ]  NO Date:      **Contract No.:**       **Project No. (if applicable):**      **Contract Award Date:**      **Estimated Date of Completion:**      A**mount Obligated Under the Contract:**      **Description of Work:**      **NOTICE OF DEFICIENCY ISSUED:** [ ]  YES [ ]  NO Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**NOTICE OF ACCEPTANCE ISSUED:** [ ]  YES [ ]  NO Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Attachment 5 – Staffing Plan

Submit with Bid or Proposal – Instructions on Page 2

|  |  |  |
| --- | --- | --- |
| **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 **Subcontractor’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Offerer’s Address:**       |

 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 byRace/Ethnic Identification |  |
| TotalMale(M) | TotalFemale(F) | White (M) (F) | Black (M) (F) | Hispanic (M) (F) | Asian (M) (F) | Native American (M) (F) | Disabled (M) (F) | Veteran (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** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.

 **IISLANDER**

* **NATIVE INDIAN (NATIVE**  a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal

 **AMERICAN/ ALASKAN NATIVE)** 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**

# Attachment 6 – 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://portal.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. 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 7 – Designation of Prime Contact Response Form

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Attachment 8 – 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 9 – 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 21-100, Consulting Services for the New York State Secure Choice Savings Program

Offerer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Offerer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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? (Please circle):

 No Yes

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? (Please circle):

 No Yes

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? (Please circle):

 No Yes

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? (Please circle):

 No Yes

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 10 – 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 21-100, Consulting Services for the New York State Secure Choice Savings Program

Name *(Please print)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Offerer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Offerer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Attachment 11 – 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 ☐
2. 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 ☐
3. 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 12 – 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 13 – Listing of Proposed Subcontractors Form

Complete this form for the Subcontractor requirement as requested in **Section 8.2.17.** The Bidder must identify all Subcontractors to be utilized for any resultant Contract, their Employer Identification Number (EIN) and the services that they will perform.

|  |  |  |
| --- | --- | --- |
| **Subcontractor Name** | **EIN** | **Services to be Performed** |
|  |  |  |
|  |  |  |
|  |  |  |

*Expand form if necessary.*

# Attachment 14 – 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 15 – 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 16 - EO 177 Certification**

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

Contractor:

By (*signature*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (*Please Print)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Attachment 17 – 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.

|  |  |
| --- | --- |
| **Check one:** |  |
| [ ]  | 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. |  |
|  | OR |  |
| [ ]  | If the Bidder cannot make the above certification, the Bidder must provide a signed statement with their bid detailing the reasons therefor: |  |
|  |       |

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

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

**Attachment 18 – Financial Response Form**

Bidders are required to submit a financial proposal which sets forth proposed specific hourly rates of pay applicable to the work specified in this RFP. Bidders will be evaluated and scored on information provided in their financial proposal. **Bidders are required to use the titles provided, even if these titles are not consistent with the Bidder’s existing titles.** Hourly rates must be inclusive of labor costs, overhead, materials, profit, and all other expenses related to the Agreement, with the exception of travel expenses. Travel expenses will be reimbursed separately.

Hourly rates are to be provided by Bidders on **Attachment 18 – Financial Response Form**. A Bidder’s failure to provide a complete pricing response will result in the Bidder’s proposal being deemed non-responsive. Bidders must provide all pricing information requested on **Attachment 18** and should not leave any blanks, or otherwise modify or change the Attachment. Any pricing or add-on costs that do not conform to the presentation allowed on **Attachment 18** cannot be evaluated and will be disregarded as extraneous.

The hourly rates as proposed by the Bidder may not increase during the initial three (3)-year term of the Agreement. If the renewal option is exercised, hourly rates may be increased for each of the subsequent annual periods of said term upon the anniversary of the Agreement resulting from this RFP with sixty (60) days written notice to the Department. Such increase will be limited to the lesser of the Consumer Price Index for All Urban Customers (CPI-U), US City Average, All Items, as reported by the U.S. Department of Labor, Bureau of Statistics for the preceding twelve (12) month period or five percent (5%) per annum over the prior year’s rate.

Compensation will not be paid for non-working time spent traveling and must not be included in charged billable hours. Compensation will be payable only for actual hours worked. The Contractor must require all staff assigned to this Agreement to complete and submit bi-weekly timesheets containing the information shown in **Exhibit D – Bi-Weekly Contractor Timesheet** hereto. Copies of the bi-weekly timesheets are to be submitted with the invoice to the Business Services Center.

Travel expenses will be reimbursed in accordance with guidelines established by the OSC (See Office of the State Comptroller Travel Manual, available at <http://www.osc.state.ny.us/agencies/travel/manual.pdf>) and only where the Department has authorized such travel in advance.

All payments will be made in arrears, upon submission of a proper invoice and in accordance with Article XI-A of the New York State Finance Law. Invoices for travel expenses must be accompanied by copies of receipts for actual expenses incurred.

**Attachment 18 - Financial Response Form must be completed in its entirety and must include:**

* The not-to-exceed hourly rate (U.S. dollars) for the personnel performing the Services described in the RFP. Bidders are required to use the titles provided, even if these titles are not consistent with the Bidder’s existing titles;
* All required information. Do not leave blanks or enter a zero-dollar amount for any rate. Do not fail to provide a rate for each title; and
* Only one rate for each title per contract year. The Bidder is allowed to provide more than one “Bidder Corresponding Title” per “Contract Title” on **Attachment 18.** However, the Bidder must only provide one rate for each of the four “Contract Title” lines. The Bidder’s response to the Financial Response Form must include only four hourly rates per contract year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contract Title | Bidder’s Corresponding Job Title(s) | Year 1Hourly Rate | Year 2Hourly Rate | Year 3Hourly Rate |
| Engagement Partner |  | $ | $ | $ |
| Project Manager |  | $ | $ | $ |
| Senior Analyst |  | $ | $ | $ |
| Analyst |  | $ | $ | $ |

**Description of Contract Titles**

The following represents the general descriptions for the contract titles to be utilized in the Bidder’s proposal. **NOTE:** The Bidder should ensure that the resumes for each staff person submitted in response to **Section 4.2. Staff Experience and Qualifications** are consistent with the qualifications listed below:

|  |
| --- |
| **Qualifications of Engagement Partner:** The Engagement Partner will be responsible for the engagement and its performance, including proper supervision of the work of engagement team members. The Engagement Partner should have a minimum of five (5) years experience overseeing and supervising the work of project team members and also have significant direct experience (a minimum of three (3) years) providing services of the type outlined in **Section 2. Scope of Services** of the RFP. |
| **Qualifications of Project Manager:** The Project Manager will coordinate and delegate the assignments to the staff, and serve as the point of contact for the Department regarding new issues, project status, meetings, and deliverables. The Project Manager should have a minimum of three (3) years of experience providing services of the type outlined in **Section 2. Scope of Services** of the RFP. |
| **Qualifications of Senior Analyst:** The Senior Analyst working under the Project Manager will be responsible for performing the more complex analytical work, depending on the project, as well as day-to-day activities. The Senior Analyst should have a minimum of two (2) years of experience providing services of the type outlined in **Section 2. Scope of Services** of the RFP. |
| **Qualifications of Analyst:** The Analyst will complete day-to-day project activities under the supervision of the Project Manager and will work with the Senior Analyst. The Analyst should have a minimum of one (1) year of experience providing services of the type outlined in **Section 2. Scope of Services** of the RFP. |

By signature below, the Bidder affirms understanding of, and agreement to comply with, the mandatory financial provisions of **Section 7. Financial Requirements**.

Bidder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Attachment A – Bidder Attestation Response Form

This form is for the Attestation requirement as specified in **Section 4.4 – Bidder Attestation.**

**The Bidder’s signature below indicates the Bidder has read, understands and agrees to comply with the requirements and provide the Services as specified in this RFP. The Bidder certifies that all information provided in connection with its proposal is true and accurate.**

Bidder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Attachment B – Qualifying Requirements Response Form

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| **Bidders must complete and submit this form, providing all information requested herein for each requirement demonstrating the required qualifications. The information provided will be verified by the State.****Expand fields, duplicate this page, and attach additional sheets as necessary.** |
| **Bidder Name:** |  |
| **Qualifying Requirement 3.1**The Bidder must have developed a Plan Administrator search and selection requirements for institutional defined contribution plans or state-sponsored savings plans resulting in the issuance of at least one (1) request for proposals.  |
| **Client Name:** |  |
| **Client Contact Person and Email:** |  |
| **Client Phone Number:**  |  |

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| **Qualifying Requirement 3.2**The Bidder or its Subcontractor must have assets under advisement of at least $1 billion from no more than five clients combined.  |
| **Check the box indicating whether the required experience is for that of the Bidder or a Subcontractor:**  | [ ]  | **Bidder** |
| [ ]  | **Subcontractor** |
|  | **Subcontractor Name (if applicable):** |  |
| **Client Name** | **Client Contact Information** **(Name, Email, Phone)** | **Value of Asset(s) Under Advisement**  |
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# Attachment C – Firm Experience and Reference Response Form

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| **Bidders will be evaluated and scored on their experience and references. The Bidder demonstrates its relevant experience by providing information for evaluation, for itself and/or any Subcontractor it may use. In describing their experience, Bidders should provide details for reference contracts that best demonstrate their abilities. The Bidder may use the same reference contract to demonstrate its expertise with regard to the multiple categories of information requested below. Bidders should submit the fewest number of reference contracts necessary to demonstrate the relevant experience.****Bidders should complete and submit this form, providing all information requested herein for each engagement demonstrating the required experience and expertise. The information provided will be verified by the State.****Expand fields, duplicate this page, and attach additional sheets as necessary.** |
| **Bidder Name:** |  |
| **Technical Requirement 4.1.1**The Proposal should demonstrate the Bidder’s/Subcontractor’s experience and expertise in conducting market analysis and feasibility studies related to retirement savings programs within the last eight (8) years. |
| **Subcontractor Name (if applicable):**  |  |
| **Client Name:** |  |
| **Contact Person:** |  |
| **Client Address:** |  |
| **City, State, Zip:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Project Description:** |  |
| **Project Start Date:** |  |
| **Project End Date:** |  |
| **Number of Bidder/Subcontractor staff (FTEs) engaged on this Project:** |  |
| **Information regarding the Project that demonstrates your experience, qualifications, and expertise, including Subcontractor involvement, if any:** |  |
| **Technical Requirement 4.1.2**The Proposal should demonstrate the Bidder’s/Subcontractor’s experience and expertise in the development and monitoring of retirement savings programs within the last eight (8) years.  |
| **Subcontractor Name (if applicable):**  |  |
| **Client Name:** |  |
| **Contact Person:** |  |
| **Client Address:** |  |
| **City, State, Zip:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Project Description:** |  |
| **Project Start Date:** |  |
| **Project End Date:** |  |
| **Number of Bidder/Subcontractor staff (FTEs) engaged on this Project:** |  |
| **Approximate Portfolio Size:** |  |
| **Information regarding the Project that demonstrates your experience, qualifications, and expertise, including Subcontractor involvement, if any:** |  |

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| **Technical Requirement 4.1.3**The Proposal should demonstrate the Bidder’s/Subcontractor’s experience and expertise in formulating and reviewing investment policies and interpreting investment data with respect to retirement savings programs, within the last eight (8) years.  |
| **Subcontractor Name (if applicable):**  |  |
| **Client Name:** |  |
| **Contact Person:** |  |
| **Client Address:** |  |
| **City, State, Zip:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Project Description:** |  |
| **Project Start Date:** |  |
| **Project End Date:** |  |
| **Number of Bidder/Subcontractor staff (FTEs) engaged on this Project:** |  |
| **Approximate Portfolio Size:** |  |
| **Information regarding the Project that demonstrates your experience, qualifications, and expertise, including Subcontractor involvement, if any:** |  |

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| --- |
| **Technical Requirement 4.1.4**The Proposal should demonstrate Bidder’s experience with the issuance and review of requests for proposals for program administration of retirement savings programs within the last eight (8) years. |
| **Client Name:** |  |
| **Contact Person:** |  |
| **Client Address:** |  |
| **City, State, Zip:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Project Description:** |  |
| **Project Start Date:** |  |
| **Project End Date:** |  |
| **Number of Bidder staff (FTEs) engaged on this Project:** |  |
| **Approximate Portfolio Size of the Program Resulting from the RFP:** |  |
| **Information regarding the Project that demonstrates your experience, qualifications, and expertise, including Subcontractor involvement, if any:** |  |

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| **Technical Requirement 4.1.5**The Proposal should demonstrate Bidder’s/Subcontractor’s experience and expertise in program design related to retirement savings programs within the last eight (8) years.  |
| **Subcontractor Name (if applicable):**  |  |
| **Client Name:** |  |
| **Contact Person:** |  |
| **Client Address:** |  |
| **City, State, Zip:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Project Description:** |  |
| **Project Start Date:** |  |
| **Project End Date:** |  |
| **Number of Bidder/Subcontractor staff (FTEs) engaged on this Project:** |  |
| **Approximate Portfolio Size:** |  |
| **Information regarding the Project that demonstrates your experience, qualifications, and expertise, including Subcontractor involvement, if any:** |  |

# Attachment D – Engagement Partner Response Form

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| **Bidders should complete and submit this form, providing all information requested herein.**  |
| **Bidder Name:** |  |
| **Technical Requirement 4.2.5:** Provide two (2) client reference contacts which can validate the experience of the proposed Engagement Partner. |
| **Reference Contact #1:** | **Client Name** | **Contact Name** | **Contact Phone** | **Contact Email** |
|  |  |  |  |
| **Reference Contact #2:** | **Client Name** | **Contact Name** | **Contact Phone** | **Contact Email** |
|  |  |  |  |

1. Do not include onsite project overhead. [↑](#footnote-ref-1)
2. Technical training is the process of teaching employees how to more accurately and thoroughly perform the technical components of their jobs. 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. [↑](#footnote-ref-2)