

**SUMMARY INFORMATION FORM**

**THIS PAGE MUST BE SIGNED AND RETURNED WITH BIDDER'S RESPONSE**

|                                   |   |   |
|-----------------------------------|---|---|
| <b>IFB #:</b><br><b>SU-092018</b> | <b>IFB Title:</b><br><b>Refuse Services</b> | <b>IFB Release Date:</b><br>Electronic copies of this IFB are available at:<br><a href="http://www.purchase.edu/PurchaseMeansBusiness">www.purchase.edu/PurchaseMeansBusiness</a> |
|-----------------------------------|---|---|

| <b>Key Events</b>  |   |
|--|---|
| Release IFB  | Sep 20, 2018  |
| Non-mandatory Pre-Bid Conference and Site Visit          | Oct 9, 2018 10:00AM<br>convening at Facilities Management Bldg Conference Room            |
| Questions/Requests for clarification due                 | <del>Oct 12, 2018</del> Close of Business <b>Oct 17, 2018</b>                             |
| Response to questions/requests for clarifications issued | <del>Oct 15, 2018</del> <b>Oct 19, 2018</b>   |
| <b>Proposal Due Date and Time</b>                        | <del>Oct 23, 2018 at 1:00PM</del> <b>Oct 31, 2018 at 1:00PM</b>                           |
| Anticipated Notification of Award                        | <del>Oct 29, 2018</del> <b>Nov 7, 2018</b>  |
| Anticipated Contract Start Date                          | First day of the month following approval of the Office of the New York State Comptroller |
| Anticipated Term Length of Contract                      | Three (3) years<br>with option to renew for two (2) additional one(1)-year terms          |

*SUNY reserves the right, in its sole discretion, to modify the above schedule. Bidders will be notified via email of any changes in a timely manner*

| <b>Designated Contact Information</b>  |   |  |
|--|---|--|
| <b>Primary Contact / Submit Bids to:</b><br>F. Edward Herran<br>Director of Procurement & Accts Payable<br>SUNY Purchase College<br>735 Anderson Hill Road<br>Purchase, NY 10577-1402<br>Telephone: 914-251-6070<br>Fax: 914-251-6075<br>Email: <a href="mailto:Edward.Herran@purchase.edu">Edward.Herran@purchase.edu</a> | <b>Secondary (Technical) Contact:</b><br>Anthony Latassa<br>Coordinator of Waste Management<br>Facilities Management Group<br>SUNY Purchase College<br>735 Anderson Hill Road<br>Purchase, NY 10577-1402<br>Telephone: 914-251-6937<br>Fax: 914-251-6935<br>Email: <a href="mailto:Anthony.Latassa@purchase.edu">Anthony.Latassa@purchase.edu</a> | <b>Other Contact:</b><br>Lula Curanovic<br>MWBE Coordinator<br>Purchasing & Accounts Payable Office<br>SUNY Purchase College<br>735 Anderson Hill Road<br>Purchase, NY 10577-1402<br>Telephone: 914-251-6088<br>Fax: 914-251-6075<br>Email: <a href="mailto:Lula.Curanovic@purchase.edu">Lula.Curanovic@purchase.edu</a> |

**Restricted Period**  
In accordance with the requirements of New York State Finance Law Sections 139j and 139k ("Lobbying Law"), the restricted period for this procurement is now in effect. Therefore, all communications regarding this procurement must be handled through the State University of New York's designated contacts only.

| <b>Bidder Information</b>   |  |           |
|---|--|-----------|
| Legal Business Name of Company Bidding:   | Bidder's Federal Tax Identification No.: |           |
| D/B/A – Doing Business As (if applicable):  | NYS SFS Vendor ID Number:                |           |
| Street Address:   | City/State:                              | Zip Code: |
| If applicable, place an "x" in the appropriate box: (check all that apply)  |  |           |
| <input type="checkbox"/> Small Business (if checked, provide # of employees ____)<br><input type="checkbox"/> Minority Owned Business (NYS Certified) <input type="checkbox"/> Disabled Veteran Owned Business<br><input type="checkbox"/> Women Owned Business (NYS Certified) |  |           |
| If you are not bidding, place an "x" in the box and return this page only. <input type="checkbox"/> We are unable to bid at this time because:  |  |           |
| Bidders Signature:  | Title:                                   |           |
| Printed Name:   | Date:                                    |           |
| Email Address:  |  |           |

**THIS PAGE MUST BE SIGNED AND RETURNED WITH BIDDER'S RESPONSE**

By signing this form, bidder acknowledges (a) that the IFB instructions are understood; (b) that the bidder is committed to servicing SUNY's needs in the required time period; and (c) that all information required by this IFB has been included in bidder's bid proposal.

**State University of New York**  
**Notary Acknowledgement**  
**(ACKNOWLEDGEMENT BY INDIVIDUAL)**

STATE OF NEW YORK            )  
COUNTY OF                    ) ss.:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_, before me personally came \_\_\_\_\_, to me known and known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

\_\_\_\_\_  
Notary Public

**(ACKNOWLEDGEMENT BY UNINCORPORATED ASSOCIATION)**

STATE OF NEW YORK            )  
COUNTY OF                    ) ss.:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_, before me personally came \_\_\_\_\_, to me known and known to me to be the person who executed the above instrument, who, being duly sworn by me, did for himself/herself depose and say that he/she is a member of the firm of \_\_\_\_\_ and that he/she executed the foregoing instrument in the firm name of \_\_\_\_\_ and that he/she had authority to sign same, and he/she did duly acknowledge to me that he/she executed the same as the act and deed of said firm of \_\_\_\_\_ for the uses and purposes mentioned therein.

\_\_\_\_\_  
Notary Public

**(ACKNOWLEDGEMENT BY CORPORATION)**

STATE OF NEW YORK            )  
COUNTY OF                    ) ss.:

On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, before me personally came \_\_\_\_\_, to me known, who being duly sworn, did depose and say that he/she resides in \_\_\_\_\_; that he/she is the \_\_\_\_\_ (title) of \_\_\_\_\_ (firm), the corporation described in and which executed the foregoing instrument; that he/she knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by the order of the Board of Directors of said corporation, and that he/she signed his/her name thereto by like order.

\_\_\_\_\_  
Notary Public

## Schedule 1 Cost Worksheet

Please use separate Schedule 1 Cost Worksheet document

### Attachment 1: Bid Submission Checklist

| √                        | <b>Description</b>   |
|--------------------------|--|
| <input type="checkbox"/> | IFB (page 1) Summary Information Form  |
| <input type="checkbox"/> | Notary Acknowledgement Form  |
| <input type="checkbox"/> | Schedule 1 Cost Worksheet  |
| <input type="checkbox"/> | Attachment 1: Bid Submission Checklist   |
| <input type="checkbox"/> | Attachment 2: Bidder Qualifications Submission Form  |
| <input type="checkbox"/> | Attachment 3: Procurement Lobbying Act Certification   |
| <input type="checkbox"/> | Attachment 4: Non-Collusive Bidding Certification  |
| <input type="checkbox"/> | Attachment 5: Diversity Practices Questionnaire  |
| <input type="checkbox"/> | Attachment 6: NYS Subcontractor Identification Form  |
| <input type="checkbox"/> | <p>Vendor Responsibility:</p> <p>File either the required Vendor Responsibility Questionnaire online via the New York State VendRep System or complete and submit a paper questionnaire.</p> <p><b>Select one:</b></p> <p><input type="checkbox"/> completed online questionnaire</p> <p><input type="checkbox"/> paper copy of questionnaire included in Bid.</p> |
| <input type="checkbox"/> | MWBE Form 7557-104: Equal Opportunity Policy Statement   |
| <input type="checkbox"/> | MWBE Form 7557-107: Utilization Form   |
| <input type="checkbox"/> | MWBE Form 7557-108: EEO Staffing Plan  |
| <input type="checkbox"/> | SDVOB Form 7564-107: Utilization Form  |

Attachment 2: Bidder Qualifications Submission Form

**Minimum Bidder Qualifications:**

| Minimum Qualification Description | Bidder Response |
|-----------------------------------|-----------------|
| 1.                                |                 |
| 2.                                |                 |

**References:**

| References            |               |                                      |                                      |                                 |                              |
|-----------------------|---------------|--------------------------------------|--------------------------------------|---------------------------------|------------------------------|
|                       | Company Name: | Address:                             | Contact Name, email address, Phone # | Length of time as your customer | Estimated Total Annual Sales |
| 1.                    |               |                                      |                                      |                                 |                              |
| 2.                    |               |                                      |                                      |                                 |                              |
| 3                     |               |                                      |                                      |                                 |                              |
| Contract Terminations |               |                                      |                                      |                                 |                              |
| Company Name:         | Address:      | Contact Name, email address, Phone # | Date of Contract Termination         | Reason for Contract Termination |                              |
|                       |               |                                      |                                      |                                 |                              |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
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### Attachment 3: Procurement Lobbying Act Certification

State Finance Law §§139-j and 139-k, enacted by Ch. 1 L. 2005, as amended by Ch. 596 L. 2005, effective January 1, 2006, regulate lobbying on government procurement, including procurements by State University to obtain commodities and services and to undertake real estate transactions.

Generally, the law restricts communications between a potential vendor or a person acting on behalf of the vendor, including its lobbyist, to communications with the officers and employees of the procuring agency designated in each solicitation to receive such communications. Further, the law prohibits a communication (a "Contact") which a reasonable person would infer as an attempt to unduly influence the award, denial or amendment of a contract. These restrictions apply to each contract in excess of \$15,000 during the "restricted period" (the time commencing with the earliest written notice of the proposed procurement and ending with the later of approval of the final contract by the agency, or, if applicable, the State Comptroller). The agency must record all Contacts, and, generally, must deny an award of contract to a vendor involved in a knowing and willful Contact. Each agency must develop guidelines and procedures regarding Contacts and procedures for the reporting and investigation of Contacts. The agency's procurement record must demonstrate compliance with these new requirements.

Accordingly, neither a potential vendor nor a person acting on behalf of the vendor should contact any individual at State University other than the person designated in this solicitation as State University's Designated Contact, nor attempt to unduly influence award of the contract. State University will make a record of all Contacts, and such records of Contact will become part of the procurement record for this solicitation. A determination that a vendor or a person acting on behalf of the vendor has made intentionally a Contact or provided inaccurate or incomplete information as to its past compliance with State Finance Law §§139-j and 139-k is likely to result in denial of the award of contract under this solicitation. Additional sanctions may apply.

Please complete the following:

1. As defined in State Finance Law §§ 139-j (1)(a), has a governmental agency made a determination of non-responsibility with respect to the Offeror within the previous four years where such a finding was due to a violation of State Finance Law §§ 139-j or the intentional provision of false or incomplete information with respect to previous determinations of non-responsibility? NO  YES  If yes, attach explanation
  
2. Has a governmental entity terminated or withheld a procurement contract with the Offeror because of violations of State Finance Law §§ 139-j or the intentional provision of false or incomplete information with respect to previous determinations of non-responsibility? NO  YES  If yes, attach explanation.

**CERTIFICATION:**

By signing below the Bidder affirms and certifies that it: (1) has reviewed and understands the Policy and Procedure of SUNY, related to SFL §§ 139-j and 139-k, (2) agrees to comply with SUNY's procedure relating to Contacts with respect to this procurement, and (3) has provided information that is complete, true, and accurate with respect to SFL §§ 139-j and 139-k. Bidder understands that SUNY reserves the right to terminate any resulting contract in the event it is found that the certification filed by the Bidder in accordance State Finance Law §§139-j and 139-k was intentionally false or intentionally incomplete. Upon such finding, SUNY may exercise its termination right by providing written notification to the Bidder in accordance with the written notification terms of the contract.

|                                   |  |
|-----------------------------------|--|
| Firms Name and Address:           |  |
| FEIN #:                           |  |
| Telephone Number: (____)____-____ |  |
| Fax Number: (____) ____-____      |  |
| Email Address:                    |  |
| Bidder's Name and Title:          |  |
| Bidder's Signature:               |  |
| Date:                             |  |

Attachment 4: Non-Collusive Bidding Certification

By Submission Of This Bid, Bidder And Each Person Signing On Behalf Of Bidder Certifies, And In The Case Of Joint Bid, Each Party Thereto Certifies As To Its Own Organization, Under Penalty Of Perjury, That To The Best Of His/Her Knowledge And Belief:

1. The prices of this bid have been arrived at independently, without collusion, consultation, communication, or agreement, for the purposes of restricting competition, as to any matter relating to such prices with any other Bidder or with any competitor;
2. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the Bidder prior to opening, directly or indirectly, to any other Bidder or to any competitor; and
3. No attempt has been made or will be made by the Bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

**A Bid Shall Not Be Considered For Award Nor Shall Any Award Be Made Where [1], [2], [3] Above Have Not Been Complied With; Provided However, That If In Any Case The Bidder(S) Cannot Make The Foregoing Certification, The Bidder Shall So State And Shall Furnish Below A Signed Statement Which Sets Forth In Detail The Reasons Therefore;**

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

Subscribed to under penalty of perjury under the laws of the State of New York, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ as the act and deed of said corporation or partnership.

**IF BIDDER(S) (ARE) A PARTNERSHIP, COMPLETE THE FOLLOWING:  
NAMES OF PARTNERS OR PRINCIPALS LEGAL RESIDENCE**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |



**IF BIDDER(S) (ARE) A CORPORATION, COMPLETE THE FOLLOWING:  
NAME LEGAL RESIDENCE**

\_\_\_\_\_  
**President:**

\_\_\_\_\_  
**Secretary:**

\_\_\_\_\_  
**Treasurer:**

\_\_\_\_\_  
**President:**

\_\_\_\_\_  
**Secretary:**

\_\_\_\_\_  
**Treasurer**

**Identifying Data**

|  |  |
|--|--|
| Potential Contractor                   |  |
| Address                                |  |
| Telephone                              |  |
| Name of Responsible Corporate Officer  |  |
| Title of Responsible Corporate Officer |  |
|  |  |
| Signature:                             |  |
|  |  |

Joint or combined bids by companies or firms must be certified on behalf of each participant.

\_\_\_\_\_  
Legal name of person, firm or corporation

\_\_\_\_\_  
Legal name of person, firm or corporation

By \_\_\_\_\_

By \_\_\_\_\_

Name:

Name:

Title:

Title:

Address:

Address:

### Attachment 5: Diversity Practices Questionnaire

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

1. Does your company have a Chief Diversity Officer or other individual who is tasked with supplier diversity initiatives? Circle one: **Yes / 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 women-owned business enterprises as suppliers/contractors?<sup>1</sup> \_\_\_\_\_%
4. Does your company provide technical training<sup>2</sup> to minority- and women-owned business enterprises? Circle one: **Yes / No**

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

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<sup>1</sup> Do not include onsite project overhead.

<sup>2</sup> 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.

5. Is your company participating in a government approved minority- and women-owned business enterprise mentor-protégé program? Circle one: **Yes / No**

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

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

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

7. Does your company have a formal minority- and women-owned business enterprise supplier diversity program? Circle one: **Yes / 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? Circle one: **Yes / No**

If Yes, complete the MWBE Utilization Plan, Form No. 7557-107.

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 \_\_\_\_\_

**Attachment 6: NYS Business Subcontractor Identification Form**  
**Encouraging the use of New York State Businesses in Contract Performance**

New York State businesses have a substantial presence in SUNY contracts and strongly contribute to the economies of New York and the nation. In recognition of their economic activity and leadership in doing business in New York State, bidders/proposers/contractors for this 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/proposers/contractors need to be aware that to the maximum extent practical and consistent with legal requirements, they are strongly encouraged 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/proposers/contractors 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 SUNY 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 this contract, thereby fully benefiting 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. SUNY therefore expects bidders/proposers 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 New York State and its taxpayers.

Bidders/proposers 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 this contract? Circle one: YES / NO**

**If YES, identify New York State Business(es) that will be used by attaching identifying information, e.g., contact information, dollar value of the subcontract or supply contract.**

**This form, along with accompanying information as required above, must be completed and submitted with your proposal.**

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

You have selected the For-Profit Non-Construction questionnaire which may be printed and completed in this format or, for your convenience, may be completed online using the New York State VendRep System.

**COMPLETION & CERTIFICATION**

The person(s) completing the questionnaire must be knowledgeable about the vendor's business and operations. An owner or officer must certify the questionnaire and the signature must be notarized.

**NEW YORK STATE VENDOR IDENTIFICATION NUMBER (VENDOR ID)**

The Vendor ID is a ten-digit identifier issued by New York State when the vendor is registered on the Statewide Vendor File. This number must now be included on the questionnaire. If the business entity has not obtained a Vendor ID, contact the IT Service Desk at [ITServiceDesk@osc.state.ny.us](mailto:ITServiceDesk@osc.state.ny.us) or call 866-370-4672.

**DEFINITIONS**

All underlined terms are defined in the "New York State Vendor Responsibility Definitions List," found at [www.osc.state.ny.us/vendrep/documents/questionnaire/definitions.pdf](http://www.osc.state.ny.us/vendrep/documents/questionnaire/definitions.pdf). These terms may not have their ordinary, common or traditional meanings. Each vendor is strongly encouraged to read the respective definitions for any and all underlined terms. By submitting this questionnaire, the vendor agrees to be bound by the terms as defined in the "New York State Vendor Responsibility Definitions List" existing at the time of certification.

**RESPONSES**

Every question must be answered. Each response must provide all relevant information which can be obtained within the limits of the law. However, information regarding a determination or finding made in error which was subsequently corrected is not required. Individuals and Sole Proprietors may use a Social Security Number but are encouraged to obtain and use a federal Employer Identification Number (EIN).

**REPORTING ENTITY**

Each vendor must indicate if the questionnaire is filed on behalf of the entire Legal Business Entity or an Organizational Unit within or operating under the authority of the Legal Business Entity and having the same EIN. Generally, the Organizational Unit option may be appropriate for a vendor that meets the definition of "Reporting Entity" but due to the size and complexity of the Legal Business Entity, is best able to provide the required information for the Organizational Unit, while providing more limited information for other parts of the Legal Business Entity and Associated Entities.

**ASSOCIATED ENTITY**

An Associated Entity is one that owns or controls the Reporting Entity or any entity owned or controlled by the Reporting Entity. However, the term Associated Entity does **not** include "sibling organizations" (i.e., entities owned or controlled by a parent company that owns or controls the Reporting Entity), unless such sibling entity has a direct relationship with or impact on the Reporting Entity.

**STRUCTURE OF THE QUESTIONNAIRE**

The questionnaire is organized into eleven sections. Section I is to be completed for the Legal Business Entity. Section II requires the vendor to specify the Reporting Entity for the questionnaire. Section III refers to the individuals of the Reporting Entity, while Sections IV-VIII require information about the Reporting Entity. Section IX pertains to any Associated Entities, with one question about their Officials/Owners. Section X relates to disclosure under the Freedom of Information Law (FOIL). Section XI requires an authorized contact for the questionnaire information.

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

| <b>I. LEGAL BUSINESS ENTITY INFORMATION</b>   |      |  |  |
|---|------|--|--|
| <u>Legal Business Entity Name*</u>  |      | <u>EIN</u>   |  |
| Address of the <u>Principal Place of Business</u> (street, city, state, zip code)   |      | <u>New York State Vendor Identification Number</u> |  |
|   |      | Telephone<br>ext.                                  | Fax  |
| Email   |      | Website  |  |
| Additional <u>Legal Business Entity</u> Identities: If applicable, list any other <u>DBA</u> , <u>Trade Name</u> , <u>Former Name</u> , Other Identity, or <u>EIN</u> used in the last five (5) years and the status (active or inactive).                          |      |  |  |
| Type  | Name | EIN  | Status   |
|   |      |  |  |
|   |      |  |  |
| 1.0 <u>Legal Business Entity</u> Type – Check appropriate box and provide additional information:   |      |  |  |
| <input type="checkbox"/> <u>Corporation</u> (including <u>PC</u> )  |      | Date of Incorporation                              |  |
| <input type="checkbox"/> <u>Limited Liability Company (LLC or PLLC)</u>   |      | Date of Organization                               |  |
| <input type="checkbox"/> <u>Partnership</u> (including <u>LLP</u> , <u>LP</u> or <u>General</u> )   |      | Date of Registration or Establishment              |  |
| <input type="checkbox"/> <u>Sole Proprietor</u>   |      | How many years in business?                        |  |
| <input type="checkbox"/> Other  |      | Date Established                                   |  |
| If Other, explain:  |      |  |  |
| 1.1 Was the <u>Legal Business Entity</u> formed or incorporated in New York State?  |      |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If ‘No,’ indicate jurisdiction where <u>Legal Business Entity</u> was formed or incorporated and attach a <u>Certificate of Good Standing</u> from the applicable jurisdiction or provide an explanation if a <u>Certificate of Good Standing</u> is not available. |      |  |  |
| <input type="checkbox"/> United States    State    _____  |      |  |  |
| <input type="checkbox"/> Other            Country    _____  |      |  |  |
| Explain, if not available:  |      |  |  |
| 1.2 Is the <u>Legal Business Entity</u> publicly traded?  |      |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If “Yes,” provide <u>CIK Code</u> or Ticker Symbol  |      |  |  |
| 1.3 Does the <u>Legal Business Entity</u> have a <u>DUNS</u> Number?  |      |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If “Yes,” Enter <u>DUNS</u> Number  |      |  |  |

\*All underlined terms are defined in the “New York State Vendor Responsibility Definitions List,” which can be found at [www.osc.state.ny.us/vendrep/documents/questionnaire/definitions.pdf](http://www.osc.state.ny.us/vendrep/documents/questionnaire/definitions.pdf)

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

**I. LEGAL BUSINESS ENTITY INFORMATION**

|  |  |
|--|--|
| 1.4 If the <u>Legal Business Entity</u> 's <u>Principal Place of Business</u> is not in New York State, does the <u>Legal Business Entity</u> maintain an office in New York State?<br>(Select "N/A," if <u>Principal Place of Business</u> is in New York State.) | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> N/A |
|--|--|

If "Yes," provide the address and telephone number for one office located in New York State.

|  |  |
|--|--|
| 1.5 Is the <u>Legal Business Entity</u> a New York State certified <u>Minority-Owned Business Enterprise (MBE)</u> , <u>Women-Owned Business Enterprise (WBE)</u> , <u>New York State Small Business (SB)</u> or a federally certified <u>Disadvantaged Business Enterprise (DBE)</u> ?<br>If "Yes," check all that apply:<br><input type="checkbox"/> New York State certified <u>Minority-Owned Business Enterprise (MBE)</u><br><input type="checkbox"/> New York State certified <u>Women-Owned Business Enterprise (WBE)</u><br><input type="checkbox"/> <u>New York State Small Business (SB)</u><br><input type="checkbox"/> Federally certified <u>Disadvantaged Business Enterprise (DBE)</u> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

1.6 Identify Officials and Principal Owners, if applicable. For each person, include name, title and percentage of ownership. Attach additional pages if necessary. If applicable, reference to relevant SEC filing(s) containing the required information is optional.

| Name | Title | Percentage Ownership<br><i>(Enter 0% if not applicable)</i> |
|------|-------|---|
|      |       |   |
|      |       |   |
|      |       |   |
|      |       |   |

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

**II. REPORTING ENTITY INFORMATION**

2.0 The Reporting Entity for this questionnaire is:

Note: Select only one.

Legal Business Entity

*Note: If selecting this option, “Reporting Entity” refers to the entire Legal Business Entity for the remainder of the questionnaire. (SKIP THE REMAINDER OF SECTION II AND PROCEED WITH SECTION III.)*

Organizational Unit within and operating under the authority of the Legal Business Entity

SEE DEFINITIONS OF “REPORTING ENTITY” AND “ORGANIZATIONAL UNIT” FOR ADDITIONAL INFORMATION ON CRITERIA TO QUALIFY FOR THIS SELECTION.

*Note: If selecting this option, “Reporting Entity” refers to the Organizational Unit within the Legal Business Entity for the remainder of the questionnaire. (COMPLETE THE REMAINDER OF SECTION II AND ALL REMAINING SECTIONS OF THIS QUESTIONNAIRE.)*

**IDENTIFYING INFORMATION**

a) Reporting Entity Name

Address of the Primary Place of Business (street, city, state, zip code)

Telephone

ext.

b) Describe the relationship of the Reporting Entity to the Legal Business Entity

c) Attach an organizational chart

d) Does the Reporting Entity have a DUNS Number?

Yes  No

If “Yes,” enter DUNS Number

e) Identify the designated manager(s) responsible for the business of the Reporting Entity.  
*For each person, include name and title. Attach additional pages if necessary.*

Name

Title



**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

**INSTRUCTIONS FOR SECTIONS III THROUGH VII**

For each “Yes,” provide an explanation of the issue(s), relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). For each “Other,” provide an explanation which provides the basis for not definitively responding “Yes” or “No.” Provide the explanation at the end of the section or attach additional sheets with numbered responses, including the Reporting Entity name at the top of any attached pages.

**III. LEADERSHIP INTEGRITY**

*Within the past five (5) years, has any current or former reporting entity official or any individual currently or formerly having the authority to sign, execute or approve bids, proposals, contracts or supporting documentation on behalf of the reporting entity with any government entity been:*

|  |   |
|--|---|
| 3.0 <u>Sanctioned</u> relative to any business or professional permit and/or license?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other |
| 3.1 <u>Suspended, debarred, or disqualified</u> from any <u>government contracting process</u> ?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other |
| 3.2 The subject of an <u>investigation</u> , whether open or closed, by any <u>government entity</u> for a civil or criminal violation for any business-related conduct?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other |
| 3.3 Charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a <u>judgment</u> for:<br>a) Any business-related activity; or<br>b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other |

For each “Yes” or “Other” explain:

**IV. INTEGRITY – CONTRACT BIDDING**

*Within the past five (5) years, has the reporting entity:*

|  |  |
|--|--|
| 4.0 Been <u>suspended or debarred</u> from any <u>government contracting process</u> or been <u>disqualified</u> on any government procurement, permit, license, concession, franchise or lease, including, but not limited to, <u>debarment</u> for a violation of New York State Workers’ Compensation or Prevailing Wage laws or New York State Procurement Lobbying Law? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.1 Been subject to a denial or revocation of a government prequalification?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.2 Been denied a contract award or had a bid rejected based upon a <u>non-responsibility finding</u> by a <u>government entity</u> ?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.3 Had a low bid rejected on a <u>government contract</u> for failure to <u>make good faith efforts</u> on any <u>Minority-Owned Business Enterprise, Women-Owned Business Enterprise or Disadvantaged Business Enterprise</u> goal or <u>statutory affirmative action requirements</u> on a previously held contract?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.4 Agreed to a voluntary exclusion from bidding/contracting with a <u>government entity</u> ?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.5 Initiated a request to withdraw a bid submitted to a <u>government entity</u> in lieu of responding to an information request or subsequent to a formal request to appear before the <u>government entity</u> ?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

For each “Yes,” explain:

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

**V. INTEGRITY – CONTRACT AWARD**

*Within the past five (5) years, has the reporting entity:*

5.0 Been suspended, cancelled or terminated for cause on any government contract including, but not limited to, a non-responsibility finding?  Yes  No

5.1 Been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any government contract?  Yes  No

5.2 Entered into a formal monitoring agreement as a condition of a contract award from a government entity?  Yes  No

For each “Yes,” explain:

**VI. CERTIFICATIONS/LICENSES**

*Within the past five (5) years, has the reporting entity:*

6.0 Had a revocation, suspension or disbarment of any business or professional permit and/or license?  Yes  No

6.1 Had a denial, decertification, revocation or forfeiture of New York State certification of Minority-Owned Business Enterprise, Women-Owned Business Enterprise or federal certification of Disadvantaged Business Enterprise status for other than a change of ownership?  Yes  No

For each “Yes,” explain:

**VII. LEGAL PROCEEDINGS**

*Within the past five (5) years, has the reporting entity:*

7.0 Been the subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation?  Yes  No

7.1 Been the subject of an indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime?  Yes  No

7.2 Received any OSHA citation and Notification of Penalty containing a violation classified as serious or willful?  Yes  No

7.3 Had a government entity find a willful prevailing wage or supplemental payment violation or any other willful violation of New York State Labor Law?  Yes  No

7.4 Entered into a consent order with the New York State Department of Environmental Conservation, or received an enforcement determination by any government entity involving a violation of federal, state or local environmental laws?  Yes  No

7.5 Other than previously disclosed:  
 a) Been subject to fines or penalties imposed by government entities which in the aggregate total \$25,000 or more; or  
 b) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any government entity?  Yes  No

For each “Yes,” explain:

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

| <b>VIII. FINANCIAL AND ORGANIZATIONAL CAPACITY</b>  |  |
|---|--|
| 8.0 Within the past five (5) years, has the <u>Reporting Entity</u> received any <u>formal unsatisfactory performance assessment(s)</u> from any <u>government entity</u> on any contract?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," provide an explanation of the issue(s), relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.             |  |
| 8.1 Within the past five (5) years, has the <u>Reporting Entity</u> had any <u>liquidated damages</u> assessed over \$25,000?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," provide an explanation of the issue(s), relevant dates, contracting party involved, the amount assessed and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.   |  |
| 8.2 Within the past five (5) years, have any <u>liens</u> or <u>judgments</u> (not including UCC filings) over \$25,000 been filed against the <u>Reporting Entity</u> which remain undischarged?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," provide an explanation of the issue(s), relevant dates, the Lien holder or Claimant's name(s), the amount of the <u>lien(s)</u> and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.                       |  |
| 8.3 In the last seven (7) years, has the <u>Reporting Entity</u> initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," provide the bankruptcy chapter number, the court name and the docket number. Indicate the current status of the proceedings as "Initiated," "Pending" or "Closed." Provide answer below or attach additional sheets with numbered responses.                            |  |
| 8.4 During the past three (3) years, has the <u>Reporting Entity</u> failed to file or pay any tax returns required by <u>federal, state or local tax laws</u> ?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," provide the taxing jurisdiction, the type of tax, the liability year(s), the tax liability amount the <u>Reporting Entity</u> failed to file/pay and the current status of the tax liability. Provide answer below or attach additional sheets with numbered responses. |  |
| 8.5 During the past three (3) years, has the <u>Reporting Entity</u> failed to file or pay any New York State unemployment insurance returns?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," provide the years the <u>Reporting Entity</u> failed to file/pay the insurance, explain the situation and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.  |  |
| 8.6 During the past three (3) years, has the <u>Reporting Entity</u> had any <u>government audit(s)</u> completed?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a) If "Yes," did any audit of the <u>Reporting Entity</u> identify any reported significant deficiencies in internal control, fraud, illegal acts, significant violations of provisions of contract or grant agreements, significant abuse or any <u>material disallowance</u> ?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes" to 8.6 a), provide an explanation of the issue(s), relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.   |  |

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

**IX. ASSOCIATED ENTITIES**

*This section pertains to any entity(ies) that either controls or is controlled by the reporting entity.  
(See definition of "associated entity" for additional information to complete this section.)*

9.0 Does the Reporting Entity have any Associated Entities?

Yes  No

Note: All questions in this section must be answered if the Reporting Entity is either:

- An Organizational Unit; or
- The entire Legal Business Entity which controls, or is controlled by, any other entity(ies).

If "No," SKIP THE REMAINDER OF SECTION IX AND PROCEED WITH SECTION X.

9.1 Within the past five (5) years, has any Associated Entity Official or Principal Owner been charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a judgment for:

Yes  No

- a) Any business-related activity; or
- b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?

If "Yes," provide an explanation of the issue(s), the individual involved, his/her title and role in the Associated Entity, his/her relationship to the Reporting Entity, relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s).

9.2 Does any Associated Entity have any currently undischarged federal, New York State, New York City or New York local government liens or judgments (not including UCC filings) over \$50,000?

Yes  No

If "Yes," provide an explanation of the issue(s), identify the Associated Entity's name(s), EIN(s), primary business activity, relationship to the Reporting Entity, relevant dates, the Lien holder or Claimant's name(s), the amount of the lien(s) and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

9.3 Within the past five (5) years, has any Associated Entity:

a) Been disqualified, suspended or debarred from any federal, New York State, New York City or other New York local government contracting process?

Yes  No

b) Been denied a contract award or had a bid rejected based upon a non-responsibility finding by any federal, New York State, New York City, or New York local government entity?

Yes  No

c) Been suspended, cancelled or terminated for cause (including for non-responsibility) on any federal, New York State, New York City or New York local government contract?

Yes  No

d) Been the subject of an investigation, whether open or closed, by any federal, New York State, New York City, or New York local government entity for a civil or criminal violation with a penalty in excess of \$500,000?

Yes  No

e) Been the subject of an indictment, grant of immunity, judgment, or conviction (including entering into a plea bargain) for conduct constituting a crime?

Yes  No

f) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any federal, New York State, New York City, or New York local government entity?

Yes  No

g) Initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?

Yes  No

For each "Yes," provide an explanation of the issue(s), identify the Associated Entity's name(s), EIN(s), primary business activity, relationship to the Reporting Entity, relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

**X. FREEDOM OF INFORMATION LAW (FOIL)**

|  |  |
|--|--|
| 10. Indicate whether any information supplied herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL).<br>Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

If "Yes," indicate the question number(s) and explain the basis for the claim.

**XI. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE**

|       |           |     |
|-------|-----------|-----|
| Name  | Telephone | Fax |
|       | ext.      |     |
| Title | Email     |     |

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE  
FOR-PROFIT BUSINESS ENTITY**

**Certification**

The undersigned: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State government entities (including the Office of the State Comptroller (OSC)) in making responsibility determinations regarding award or approval of a contract or subcontract and that such government entities will rely on information disclosed in the questionnaire in making responsibility determinations; (2) acknowledges that the New York State government entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (3) acknowledges that intentional submission of false or misleading information may result in criminal penalties under State and/or Federal Law, as well as a finding of non-responsibility, contract suspension or contract termination.

**The undersigned certifies that he/she:**

- is knowledgeable about the submitting Business Entity’s business and operations;
- has read and understands all of the questions contained in the questionnaire;
- has not altered the content of the questionnaire in any manner;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of his/her knowledge, information and belief, confirms that the Business Entity’s responses are true, accurate and complete, including all attachments, if applicable;
- understands that New York State government entities will rely on the information disclosed in the questionnaire when entering into a contract with the Business Entity; and
- is under an obligation to update the information provided herein to include any material changes to the Business Entity’s responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the New York State government entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

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

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

Title \_\_\_\_\_

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

Address \_\_\_\_\_

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

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_;

\_\_\_\_\_ Notary Public

**MINORITY AND WOMEN'S BUSINESS - EQUAL EMPLOYMENT  
OPPORTUNITY PROGRAM POLICY STATEMENT**

**Policy Statement**

The \_\_\_\_\_ commits to carrying out the intent of the New York State  
(Name of Campus, Consultant, Contractor)  
Executive Law, Article 15-A which assures the meaningful participation of minority and  
women's business enterprises in contracting and the meaningful participation of minorities and  
women in the workforce on activities financed by public funds.

**Minority Business Officer**

\_\_\_\_\_ is designated as the Minority Business Enterprise Officer  
(Name of Designated Officer)  
responsible for administering the Minority and Women's Business-Equal Employment  
Opportunity (M/WBE-EEO) program.

Phone \_\_\_\_\_

Email \_\_\_\_\_

**M/WBE Contract Goals**

\_\_\_\_\_ % Minority Business Enterprise Participation

\_\_\_\_\_ % Women's Business Enterprise Participation

**EEO Contract Goals**

10% Minority Labor Force Participation

10% Female Labor Force Participation

\_\_\_\_\_  
(Authorized Representative)

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

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



## UNIVERSITY-WIDE MWBE PROGRAM UTILIZATION PLAN

SUNY Project No. \_\_\_\_\_  
 Contractor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Bid Date: [Click here to enter a date.](#) Agreement/Contract Value: \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**GOALS:** MBE \_\_\_\_\_%

**WBE** \_\_\_\_\_%

**Campus:** \_\_\_\_\_

| SUBCONTRACTOR   | FEDERAL ID # | DOLLAR VALUE OF CONTRACT OR PURCHASE ORDER | DESCRIPTION OF WORK OR SUPPLIES | SUBCONTRACTOR/SUPPLIER SCHEDULE |                             |
|---|--------------|--|---------------------------------|---------------------------------|-----------------------------|
|   |              |  |                                 | START DATE                      | COMPLETION DATE             |
| <b>Company Name:</b> _____<br><b>Street Address:</b> _____<br><b>Contact Name:</b> _____<br><b>E-Mail Address:</b> _____<br><b>Check One:</b> MBE <input type="checkbox"/> WBE <input type="checkbox"/> |              |  |                                 | Click here to enter a date.     | Click here to enter a date. |
| <b>Company Name:</b> _____<br><b>Street Address:</b> _____<br><b>Contact Name:</b> _____<br><b>E-Mail Address:</b> _____<br><b>Check One:</b> MBE <input type="checkbox"/> WBE <input type="checkbox"/> |              |  |                                 | Click here to enter a date.     | Click here to enter a date. |
| <b>Company Name:</b> _____<br><b>Street Address:</b> _____<br><b>Contact Name:</b> _____<br><b>E-Mail Address:</b> _____<br><b>Check One:</b> MBE <input type="checkbox"/> WBE <input type="checkbox"/> |              |  |                                 | Click here to enter a date.     | Click here to enter a date. |
| <b>Company Name:</b> _____<br><b>Street Address:</b> _____<br><b>Contact Name:</b> _____<br><b>E-Mail Address:</b> _____<br><b>Check One:</b> MBE <input type="checkbox"/> WBE <input type="checkbox"/> |              |  |                                 | Click here to enter a date.     | Click here to enter a date. |

In accordance with the SUNY Contract Documents and Executive Law Article 15-A, my firm seriously expects to use the NYS certified MBE/WBE certified firms listed above. The Contractor shall immediately notify and request approval prior to any changes to this plan from the University-wide MWBE Program Office.

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ COMPANY OFFICER'S SIGNATURE \_\_\_\_\_ DATE: [Click here to enter a date.](#)

APPROVED:  DEFICIENT:  MWBE PROGRAM COORDINATOR: \_\_\_\_\_ DATE: \_\_\_\_\_



## EEO STAFFING PLAN

### Instructions on page 2

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

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

| EEO-Job Category         | Total Work force | Work force by Gender |                  | Work force by Race/Ethnic Identification |  |               |  |                  |  |               |  | Disabled (M) (F) |  | Veteran (M) (F) |  |                         |  |
|--------------------------|------------------|----------------------|------------------|--|--|---------------|--|------------------|--|---------------|--|------------------|--|-----------------|--|-------------------------|--|
|                          |                  | Total Male (M)       | Total Female (F) | White (M) (F)                            |  | Black (M) (F) |  | Hispanic (M) (F) |  | Asian (M) (F) |  |                  |  |                 |  | Native American (M) (F) |  |
| Officials/Administrators |                  |                      |                  |  |  |               |  |                  |  |               |  |                  |  |                 |  |                         |  |
| Professionals            |                  |                      |                  |  |  |               |  |                  |  |               |  |                  |  |                 |  |                         |  |
| Technicians              |                  |                      |                  |  |  |               |  |                  |  |               |  |                  |  |                 |  |                         |  |
| Sales Workers            |                  |                      |                  |  |  |               |  |                  |  |               |  |                  |  |                 |  |                         |  |
| Office/Clerical          |                  |                      |                  |  |  |               |  |                  |  |               |  |                  |  |                 |  |                         |  |
| Craft Workers            |                  |                      |                  |  |  |               |  |                  |  |               |  |                  |  |                 |  |                         |  |
| Laborers                 |                  |                      |                  |  |  |               |  |                  |  |               |  |                  |  |                 |  |                         |  |
| Service Workers          |                  |                      |                  |  |  |               |  |                  |  |               |  |                  |  |                 |  |                         |  |
| Temporary /Apprentices   |                  |                      |                  |  |  |               |  |                  |  |               |  |                  |  |                 |  |                         |  |
| Totals                   |                  |                      |                  |  |  |               |  |                  |  |               |  |                  |  |                 |  |                         |  |

|  |  |              |
|--|--|--------------|
| <b>PREPARED BY (Signature):</b>                    | <b>TELEPHONE NO.:</b><br><b>EMAIL ADDRESS:</b> | <b>DATE:</b> |
| <b>NAME AND TITLE OF PREPARER (Print or Type):</b> | <b>Submit completed with bid or proposal</b>   |              |

**General instructions:** All Offerors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (ADM/EEO 100) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form for the contractor's and/or subcontractor's total work force.

**Instructions for completing:**

1. Enter the Solicitation number that this report applies to along with the name and address of the Offeror.
2. Check off the appropriate box to indicate if the Offeror completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate work force to be utilized on the contract or the Offerors' total work force.
4. Enter the total work force by EEO job category.
5. Break down the anticipated total work force by gender and enter under the heading 'Work force by Gender'
6. Break down the anticipated total work force by race/ethnic identification and enter under the heading 'Work force by Race/Ethnic Identification'. Contact the M/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



## UNIVERSITY-WIDE SDVOB PROGRAM UTILIZATION PLAN

SUNY Project No. \_\_\_\_\_  
 Contractor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Bid Date: [Click here to enter a date.](#) Agreement/Contract Value: \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**GOALS: SDVOB** \_\_\_\_\_%

**Campus:** \_\_\_\_\_

| SUBCONTRACTOR  | FEDERAL ID # | DOLLAR VALUE OF CONTRACT OR PURCHASE ORDER | DESCRIPTION OF WORK OR SUPPLIES | SUBCONTRACTOR/SUPPLIER SCHEDULE |                             |
|--|--------------|--|---------------------------------|---------------------------------|-----------------------------|
|  |              |  |                                 | START DATE                      | COMPLETION DATE             |
| <b>Company Name:</b> _____<br><b>Street Address:</b> _____<br><b>Contact Name:</b> _____<br><b>E-Mail Address:</b> _____ |              |  |                                 | Click here to enter a date.     | Click here to enter a date. |
| <b>Company Name:</b> _____<br><b>Street Address:</b> _____<br><b>Contact Name:</b> _____<br><b>E-Mail Address:</b> _____ |              |  |                                 | Click here to enter a date.     | Click here to enter a date. |
| <b>Company Name:</b> _____<br><b>Street Address:</b> _____<br><b>Contact Name:</b> _____<br><b>E-Mail Address:</b> _____ |              |  |                                 | Click here to enter a date.     | Click here to enter a date. |
| <b>Company Name:</b> _____<br><b>Street Address:</b> _____<br><b>Contact Name:</b> _____<br><b>E-Mail Address:</b> _____ |              |  |                                 | Click here to enter a date.     | Click here to enter a date. |

In accordance with the SUNY Contract Documents and Executive Law Article 17-B, my firm seriously expects to use the NYS certified SDVOB firms listed above. The Contractor shall immediately notify and request approval prior to any changes to this Utilization Plan from the Campus MWBE Program Coordinator.



NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ COMPANY OFFICER'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
[Click here to enter a date.](#)

APPROVED:  DEFICIENT:  MWBE PROGRAM COORDINATOR: \_\_\_\_\_ DATE: \_\_\_\_\_



## UNIVERSITY-WIDE SDVOB PROGRAM UTILIZATION PLAN SDVOB FORM (107) INSTRUCTIONS

A letter of explanation and documentation of efforts must accompany any SDVOB Utilization Plan that falls short of the stated goals. Without an approved SDVOB Utilization Plan, SUNY's Notice of Award and Contract may be withheld.

If you have questions or need assistance related to the SUNY's Service-Disabled Veteran-Owned Business requirements call the University-wide MWBE Program Office at 518-320-1340 or email [MWBEprogram@suny.edu](mailto:MWBEprogram@suny.edu).

1. The three low bidding contractors ("Contractors") are required to submit an SDVOB Utilization Plan (Form 7465-107) to the MWBE Program Coordinator within seven (7) calendar days after the opening of bids for construction contracts exceeding \$100,000.
2. The MWBE Program Coordinator is required to submit the mandatory SDVOB documentation to the University-wide MWBE Program Office after the opening of bids for commodity, service and construction related consultant service contracts exceeding \$25,000 for the lowest bidding Contractor.
3. The SDVOB goals are not related to any other goals. Dual certified firms may be used to meet both MBE and SDVOB or WBE and SDVOB goals.
4. The SDVOB firms included are businesses the bidder *seriously expects* to include in the project activity.
5. The Contractor must reasonably commit to the values included in the Utilization Plan for participation by SDVOB subcontractors and suppliers.
6. SDVOB firms must be certified by the New York State Office of General Services Division of Service-Disabled Veterans' Business Development. A directory of NYS Certified Service-Disabled Veteran-Owned Businesses is available on the internet at <http://ogs.ny.gov/Core/SDVOBA.asp>.
7. Contractors utilizing SDVOB firms for supplies/materials/equipment whose NYS certification profile designates them as a Broker will receive an SDVOB utilization credit for the actual monetary value of the broker fees or the actual markup percentage of the items brokered.
8. SDVOB Participation:

The actual services provided by the SDVOB must be essential in the performance of the scope of work for the applicable contract. Utilization of a certified SDVOB as a conduit or pass through for participation credit is strictly prohibited. It is the discretion of the SUNY to determine whether services are essential in the performance of the scope of work and to offer a determination of the appropriateness of work allowed for lower tier subcontracting, in accordance with practices generally accepted in the construction industry. The services the SDVOB will provide must be among those explicitly identified in the profile (codes) of the firm as listed in the NYS Office of General Services Directory of Certified SDVOBs. Firms submitted or firms that participate in the project outside of these conditions and without specific prior approval by SUNY will not be credited toward the SDVOB Utilization Plan and goals for the contract. ☐

9. Prior to submitting the Utilization Plan, the bidders should confirm the following:
  - a. SDVOB firms are NYS certified;
  - b. SDVOB designation ~ Dual certified firms may be used as *MBE/SDVOB and/or WBE/SDVOB*;
  - c. SDVOB firms are being used for item(s) within their certification product codes as indicated in their SDVOB Directory firm profile;
  - d. SDVOB firms will perform work for which they have been submitted; and
  - e. 2nd tier subcontractors and/or suppliers are identified as such and SDVOB Utilization credit shall be given for 60% of the total contract value of supply purchases or services rendered (for example, when an electrical subcontractor purchases from a 3rd party supplier an SDVOB utilization credit will be given for 60% credit of the total contract value).



## **UNIVERSITY-WIDE SDVOB PROGRAM UTILIZATION PLAN**

The prime Contractor is responsible for ensuring participation provided by subcontractors for 2nd and 3rd tier SDVOB participation.

Submission of a Utilization Plan which fails to meet or exceed each goal shall be accompanied by documentation of specific efforts undertaken both pre and post bid. The campus MWBE Program Coordinator will review and notify Contractor of its assessment.

The University-wide MWBE Program Office in collaboration with the campus MWBE Program Coordinator will review the Utilization Plan and notify the Contractor of any deficiencies and determine necessary actions to bring the Utilization Plan into compliance. The University-wide MWBE Program Office reserves the right to require the Contractor to provide sufficient documentation of the efforts made in the development of the Utilization Plan. The documentation should be responsive to good faith efforts and demonstrate the Contractor's commitment to providing opportunities for SDVOB firms in the development of the Utilization Plan.

A copy of the approved Utilization Plan will be provided to the Contractor after issuance of Notice of Award.

□



## UNIVERSITY-WIDE SDVOB PROGRAM UTILIZATION PLAN

Requested information must be completed and submitted within seven (7) days after the bid opening.

### **Subcontractor Name & Address**

Name & Address of each SDVOB subcontractor or supplier.

### **SDVOB**

Service-Disabled Veteran-Owned Designation.

### **Federal ID**

Provide accurate Federal ID number of each SDVOB subcontractor or supplier.

### **Dollar Value of Subcontract or Purchase Order**

This is the total value of the signed subcontract. If this value is different from the amount in the approved SDVOB Utilization Plan, an explanation should be provided.

### **Description of Work or Supplies**

Brief description of work performed or supplies provided by the SDVOB subcontractor or supplier.

### **Schedule**

This is the anticipated start and completion dates for each SDVOB subcontractor or supplier. Do not include the construction schedule for the life of the entire project.

### **Signature**

To be signed by an Officer of the Company.

- The information included on the form is subject to verification by the University-wide MWBE Program Office.
- The University-wide MWBE Program Office must be notified prior to changes made to the approved SDVOB Utilization Plan.

Questions regarding this form should be directed to the University-wide MWBE Program Office at (518) 320- 1452 or via e-mail: [mwbeprogram@suny.edu](mailto:mwbeprogram@suny.edu).

### ***Submit To:***

State University of New York  
Office of Diversity, Equity and Inclusion University-wide MWBE Program  
353 Broadway  
Albany, NY 12246  
or [MWBEProgram@suny.edu](mailto:MWBEProgram@suny.edu)

