

RFP# : 23-003 Maintain, Modify and Provide Training and Technical Assistance for the ASISTS Management Information System

Name of Bidder: _____

BID FORM COST PROPOSAL (Whole dollar figures only)
NYS Education Department

Category	Year 1	Year 2	Year 3	Year 4	Year 5	Grand Total Projected Amount
Quarter 1 maintenance of ASISTS Data Management System	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 2 maintenance of ASISTS Data Management System	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 3 maintenance of ASISTS Data Management System	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 4 maintenance of ASISTS Data Management System	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 1 maintenance of Teacher Support System (TSS)	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 2 maintenance of Teacher Support System (TSS)	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 3 maintenance of Teacher Support System (TSS)	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 4 maintenance of Teacher Support System (TSS)	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 1 maintenance of Reporting Database to include: WIOA/NRS monthly POP reports, year-end reporting, report cards and other aggregate reports, etc.	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 2 maintenance of Reporting Database to include: WIOA/NRS monthly POP reports, year-end reporting, report cards and other aggregate reports, etc.	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 3 maintenance of Reporting Database to include: WIOA/NRS monthly POP reports, year-end reporting, report cards and other aggregate reports, etc.	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 4 maintenance of Reporting Database to include: WIOA/NRS monthly POP reports, year-end reporting, report cards and other aggregate reports, etc.	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 1 Data Matching: NYSDOL, HSE, etc.	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 2 Data Matching: NYSDOL, HSE, etc.	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 3 Data Matching: NYSDOL, HSE, etc.	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 4 Data Matching: NYSDOL, HSE, etc.	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 1 support the tracking of EPE data and the generation of EPE state aid claim forms	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 2 support the tracking of EPE data and the generation of EPE state aid claim forms	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 3 support the tracking of EPE data and the generation of EPE state aid claim forms	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 4 support the tracking of EPE data and the generation of EPE state aid claim forms	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 1 maintenance of Case Manager Portal (CMP) and Program Manager Dashboard	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 2 maintenance of Case Manager Portal (CMP) and Program Manager Dashboard	\$0	\$0	\$0	\$0	\$0	\$0

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Quarter 3 maintenance of Case Manager Portal (CMP) and Program Manager Dashboard	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 4 maintenance of Case Manager Portal (CMP) and Program Manager Dashboard	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 1 Supporting Professional Development Efforts by the Regional Adult Education Networks (RAEN)	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 2 Supporting Professional Development Efforts by the Regional Adult Education Networks (RAEN)	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 3 Supporting Professional Development Efforts by the Regional Adult Education Networks (RAEN)	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 4 Supporting Professional Development Efforts by the Regional Adult Education Networks (RAEN)	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 1 Technical Support	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 2 Technical Support	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 3 Technical Support	\$0	\$0	\$0	\$0	\$0	\$0
Quarter 4 Technical Support	\$0	\$0	\$0	\$0	\$0	\$0
Trainings: Data Basics and ASISTS Reports	\$0	\$0	\$0	\$0	\$0	\$0
Data Download	\$0	\$0	\$0	\$0	\$0	\$0
Quarterly Reporting through SED Monitoring System	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$0	\$0	\$0	\$0	\$0	\$0

If overnight accommodations are required, they will be reimbursed at the state rate according to the GSA website at: <https://www.gsa.gov/travel/plan-and-book>. NYSED will not reimburse for lunches or NY sales tax or hotel tax.

Vendors should be prepared to show how they arrived at the amounts listed in each column for each activity should they be subject to audit by NYSED or the NYS Office of the State Comptroller. The financial criteria portion of the RFP will be scored based upon the grand total of the 5 year project budget.

Vendor Signature: _____

Company Name: _____

Date: _____

Printed Name: _____

Company Address: _____

Maintain, Modify and Provide Training and Technical Assistance for the ASISTS Management Information System
RFP# : 23-003
Subcontracting Form

Bidder Name:

Name of Subcontractor	M/WBE*	Entity Type	Work Description	Year 1 Cost	Multi-Year Cost (including Year 1)
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
Total Multi-Year Subcontracting Costs					\$0
Total Multi-Year Project Budget					\$0
Total Multi-Year Subcontracting Costs divided by Total Multi-Year Budget (%)**					#DIV/0!

*Indicate whether the subcontractor is a Minority or Women–Owned Business Enterprise. Leave box blank if subcontractor is neither.

**Subcontracting is limited to thirty percent (30%) of the total contract budget.

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MWBE Purchases Form

Bidder Name:

Table 1: Minority Business Enterprise (MBE)

Name of Vendor	Type of Services or Supplies	Year 1 Cost	Multi-Year Cost (including Year 1)
Total MBE Costs			\$0
Total Budget			\$0
Total MBE Costs divided by Total Budget (%)			#DIV/0!

Table 2: Women-Owned Business Enterprise (WBE)

Name of Vendor	Type of Services or Supplies	Year 1 Cost	Multi-Year Cost (including Year 1)
Total WBE Costs			\$0
Total Budget			\$0
Total WBE Costs divided by Total Budget (%)			#DIV/0!