

**ACCES-VR CMS Independent Verification & Validation (IV&V) Services
Mini-Bid # PBITS 19-002**

Attachment 3 – Administrative Response

The Contractor Submission must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this Mini-Bid (including any Questions/Answers or addendums), the OGS Centralized Contract and that all information provided is complete, true and accurate.

(Where Procurement Lobbying Law is applicable by the Authorized User, by signing, Contractor affirms that it understands and agrees to comply with the Authorized User's procedures relative to permissible contacts. Information may be accessed at:

Procurement Lobbying:

The Authorized User will not be held liable for any cost incurred by the Contractor for work performed in the preparation of a response to this Mini-Bid or for any work performed prior to the formal execution of an Authorized User Agreement. Responses to the Mini-Bid must be received as specified in Key Dates and Events. Contractor assumes all risks for timely, properly submitted deliveries of this Mini-Bid response. A Contractor is strongly encouraged to arrange for delivery of Mini-Bid responses prior to the date of the bid opening. Late mini-bid responses will be rejected. The received time of Mini-Bid responses will be determined by the clock at the Authorized User's location.

Contractor's Federal Tax Identification Number <i>(Do Not Use Social Security Number)</i>	Contractor's NYS Vendor Identification Number
Legal Business Name of Company Responding (must match the OGS Centralized Contract):	
D/B/A — Doing Business As (if applicable):	
OGS Centralized Contract Number:	
Contractor's Signature:	Printed or Typed Name:
Title:	Date:
<input type="checkbox"/> CONTRACTOR DECLINES TO RESPOND TO THE MINI-BID for the following reasons:	
<input type="checkbox"/> Insurance Affirmation: All insurance forms as per Lot requirements, have been provided to OGS and are up to date.	
<input type="checkbox"/> Additional Incentives	

The information in this document defines the Authorized User's Project and its scope. The Contractor is to return a project plan and financial submission based on the above information. The Contractor's response to this Mini-Bid should address all elements included within the Mini-Bid, following the order listed in this document. No extraneous elements or enhancements are to be included.

INDIVIDUAL, CORPORATION, PARTNERSHIP, OR LLC ACKNOWLEDGMENT

STATE OF _____	}	SS.:
	}	
COUNTY OF _____	}	

On the _____ day of _____ in the year 20____, before me personally appeared _____, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that _he maintains an office at _____, and further that:

[Check One]

- If an individual):** __he executed the foregoing instrument in his/her name and on his/her own behalf.
- If a corporation):** __he is the _____ of _____, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, __he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, __he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.
- If a partnership):** __he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, _he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.
- If a limited liability company):** __he is a duly authorized member of _____ LLC, the limited liability company described in said instrument; that _he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.

Notary Public
Registration No.

New York State Education Department
Subcontracting Form
 (Whole dollar figures only)

P-BITS - Bidder Name: _____

Name of Subcontractor	M/WBE*	Entity Type	Work Description	Year 1 Cost	Multi-Year Cost (incl. 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			
Total Multi-Year Subcontracting Costs					
Total Multi-Year Project Budget					
Total Multi-Year Subcontracting Costs divided by Total Multi-Year Budget (%)**					

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

New York State Education Department
M/WBE Purchases
 (Whole dollar figures only)

P-BITS - 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			
Total Budget			
Total MBE Costs divided by Total Budget (%)			

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			
Total Budget			
Total WBE Costs divided by Total Budget (%)			

M/WBE UTILIZATION PLAN

INSTRUCTIONS: All bidders submitting responses to this procurement must complete this M/WBE Utilization Plan and submit it as part of their proposal. The plan must contain detailed description of the services to be provided by each Minority and/or Women-Owned Business Enterprise (M/WBE) identified by the bidder.

Bidder's Name _____

Telephone/Email: _____ / _____

Address _____

Federal ID No.: _____

City, State, Zip _____

Solicitation No.: _____

Certified M/WBE	Classification (check all applicable)	Description of Work (Subcontracts/Supplies/Services)	Annual Dollar Value of Subcontracts/Supplies/Services
NAME ADDRESS CITY, ST, ZIP PHONE/E-MAIL / FEDERAL ID No.	NYS ESD Certified MBE <input type="checkbox"/> WBE <input type="checkbox"/>		\$ _____
NAME ADDRESS CITY, ST, ZIP PHONE/E-MAIL / FEDERAL ID No.	NYS ESD Certified MBE <input type="checkbox"/> WBE <input type="checkbox"/>		\$ _____

PREPARED BY (Signature) _____ DATE _____

SUBMISSION OF THIS FORM CONSTITUTES THE BIDDER'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-1, 5 NYCRR PART 143 AND THE ABOVE REFERENCE SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR PROPOSAL DISQUALIFICATION.

NAME AND TITLE OF PREPARER: _____

TELEPHONE/E-MAIL: _____

DATE: _____

FOR AUTHORIZED USE ONLY			
REVIEWED BY _____		DATE _____	
UTILIZATION PLAN APPROVED	YES/NO	DATE _____	
NOTICE OF DEFICIENCY ISSUED	YES/NO	DATE _____	
NOTICE OF ACCEPTANCE ISSUED	YES/NO	DATE _____	