

## 5.) SUBMISSION DOCUMENTS

**RESPONSE TO  
REQUEST FOR PROPOSAL #21-008  
NEW YORK STATE EDUCATION DEPARTMENT**

**Title: Sign Language Interpreter Services**

To respond to the RFP, which is noted above, you must complete all the documents that are contained in this package, signing each individual document as required. Attach any other pertinent information that responds to the information requested in the RFP and mail the documents to ensure the documents are received by the due date that is stated on the cover of the RFP:

Submit all of the following documents in a single file:

Submission Documents labeled <b>Bid Submission RFP #21-008 [legal name of bidder]</b>
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To:

**The complete proposal package must be submitted to ACCES-VR electronically to [INTERPSVCS@nysed.gov](mailto:INTERPSVCS@nysed.gov). The subject line should read "BID SUBMISSION RFP 21-008 [legal name of the organization]"**.

Please see the information below for instructions on submitting an electronic bid. All bids must be received by the date specified in the RFP to be considered.

1. As indicated in the RFP, proposal documents should be submitted in Microsoft Office. PDF files that are editable and Optical Character Recognition (OCR) searchable are acceptable. Please do not submit the technical or cost proposal as a scanned PDF.
2. Submission documents requiring a signature must be signed using one of the methods listed below, and may be submitted in as a Microsoft Office, PDF, or JPG document. A scanned PDF is acceptable for these documents.
3. The following forms of e-signatures are acceptable:
  - a. handwritten signatures on faxed or scanned documents
  - b. e-signatures that have been authenticated by a third-party digital software, such as DocuSign and Adobe Sign
  - c. stored copies of the images of signatures that are placed on a document by copying and pasting or otherwise inserting them into the documents
4. Unacceptable forms of e-signatures include:
  - a. a typed name, including a signature created by selecting a script or calligraphy font for the typed name of the person "signing"
5. To identify the signer and indicate that the signer understood and intended to agree to the terms of the signed document, the signer will sign beside or provide by email the following attestation: "I agree, and it is my intent, to sign this document by [describe the signature solution used] and by electronically submitting this document to [name of recipient individual or entity]. I understand that my signing and submitting this document is the legal equivalent of having placed my handwritten signature on the submitted document and this attestation. I understand and agree that by electronically signing and submitting this document I am affirming to the truth of the information contained therein."
6. In order to ensure the timely receipt of your bid, please use the subject line "BID SUBMISSION RFP 21-008 [legal name of organization]" - failure to appropriately label your bid or submitting a bid to any email address other than the one identified above may result in the bid not being received by the deadline and considered for award.
7. **Bids received after the date specified in the RFP will be disqualified.**

**Application Checklist RFP# 21-008**

All bidders must complete the checklist presented below and submit the following forms and required Narrative Information in the order listed in the checklist.

**SUBMISSION DOCUMENTS PACKAGE (SIGNATURES REQUIRED)**

	<b>REQUIREMENT</b>	Included
1.	This checklist	<input type="checkbox"/>
2.	Mandatory Requirements Certification Form (signature required)	<input type="checkbox"/>
3.	Response Sheet to Bids	<input type="checkbox"/>
4.	Non-collusion Certification	<input type="checkbox"/>
5.	MacBride Certification	<input type="checkbox"/>
6.	Certification-Omnibus Procurement Act of 1992	<input type="checkbox"/>
7.	Certifications Regarding Lobbying; Debarment and Suspension; and Drug-Free Workplace Requirements	<input type="checkbox"/>
8.	Offerer Disclosure of Prior Non-Responsibility Determinations	<input type="checkbox"/>
9.	Iran Divestment Act Certification	<input type="checkbox"/>
10.	Sexual Harassment Policy Certification	
11.	NYSED Substitute Form W-9 (If bidder is not yet registered in the SFS centralized vendor file. If registered, insert NYS Vendor ID in "Response Sheet for Bids" Check <input type="checkbox"/> if not applicable)	<input type="checkbox"/>
12.	Vendor Responsibility Questionnaire ( <input type="checkbox"/> Paper submission <input type="checkbox"/> Electronic filing <input type="checkbox"/> Not applicable)	<input type="checkbox"/>
13.	Request for Exemption from Disclosure Pursuant to the Freedom of Information Law, if applicable	<input type="checkbox"/>
14.	Forms CPO1-2d, CPO1Supp-2d, CPO2-2d (posted separately)	<input type="checkbox"/>
15.	Attachment A – Proposal	<input type="checkbox"/>
<b>While the following forms are not required until notification of selection is made, bidders are <u>strongly encouraged</u> to submit the following forms with their proposal</b>		
<i>Sales and Compensating Use Tax Documentation</i>		
<a href="#">ST-220 CA</a>		
<a href="#">ST-220 TD</a>		
16.	<b>ST-220 CA</b> , Sales and Compensating Use Tax Certification	<input type="checkbox"/>
<i>Worker's Compensation Documentation</i>		
17.	<b>Form C-105.2</b> – Certificate of Workers' Compensation Insurance issued by private insurance carriers, or <b>Form U-26.3</b> issued by the State Insurance Fund; OR	<input type="checkbox"/>
18.	<b>Form SI-12</b> – Certificate of Workers' Compensation Self-Insurance; or <b>Form GSI-105.2</b> Certificate of Participation in Workers' Compensation Group Self-Insurance; OR	<input type="checkbox"/>
19.	<b>CE-200</b> Certificate of Attestation for New York Entities with No Employees and certain out of State Entities, that New York State Worker's compensation and/or Disability Benefits Insurance is not required.	<input type="checkbox"/>
<i>Disability Benefits Coverage</i>		

20.	<b>Form DB-120.1</b> - Certificate of Disability Benefits Insurance; OR	<input type="checkbox"/>
21.	<b>Form DB-155</b> - Certificate of Disability Benefits Self-Insurance; OR	<input type="checkbox"/>
22.	<b>CE-200</b> – Certificate of Attestation of Exemption from New York State Workers' Compensation and/or Disability Benefits Coverage.	<input type="checkbox"/>
<u><a href="#">Consultant Disclosure Reporting</a></u>		
19.	<b>Form A</b>	<input type="checkbox"/>

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

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

Print Name: \_\_\_\_\_

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

**Response Sheet for Bids**

**Please complete the bidder section on this sheet even if you choose not to bid.** Read the detailed specifications, terms, and conditions, and submit this form along with your completed bid form and supporting materials.

**Agency and Bid-Delivery Information**

Bids may not be faxed. In order to ensure the timely receipt of your bid, please use the subject line "BID SUBMISSION RFP 21-008 [legal name of organization]" emailed to [INTERPSVCS@nysed.gov](mailto:INTERPSVCS@nysed.gov).

**Bidder Information—Please Complete This Section**

Please complete the following even if you are choosing not to bid; responses must be legible. By signing, you indicate your express authority to sign on behalf of yourself, or your company or other entity and full knowledge and acceptance of the terms and conditions of the bid. You also affirm that you understand and agree to comply with the procedures of the NYSED relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b).

<b><u>Name of Company Bidding</u></b>	<b><u>Employer's Federal Tax ID Number</u></b>
	<b><u>NYS Vendor ID</u></b>

<b>Address</b>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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**Check one of the following:**

I certify that my organization has filed its Vendor Responsibility Questionnaire online via the New York State VendRep System and that the current questionnaire was certified within the past six months.

I am including a completed paper copy of the Vendor Responsibility Questionnaire with the bid proposal.

My entity is exempt based on the OSC listing.

My proposal is less than \$100,000, therefore a questionnaire is not required.

Other, explanation: \_\_\_\_\_

I am not submitting a bid. (Please complete and submit this sheet only; in addition, please indicate why you have chosen not to bid.) \_\_\_\_\_

<b>Bidder's Signature</b>	<i>Date</i>	<i>E-mail</i>
	<i>Phone</i>	<i>Fax</i>

<b>Print Name as Signed and Title</b>
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The New York State Education Department reserves the right to request any additional information deemed necessary to properly review bids.

**NON-COLLUSIVE BIDDING CERTIFICATION**

In accordance with Section 139-d of the State Finance Law and paragraph 7 of Appendix A (Standard Clauses for NYS Contracts), the bidder hereby affirms, under penalty of perjury:

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 to the best of his knowledge and belief:

- (1) 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;
- (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 FORGOING 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 of partnership.

The person signing on behalf of the bidder further affirms that he/she is authorized and responsible for signing this certificate.

**Identifying Data**

Name of Potential Contractor \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, zip code: \_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

Street Address

\_\_\_\_\_

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

\_\_\_\_\_

**IF BIDDER(S) ARE A PARTNERSHIP, COMPLETE THE FOLLOWING:**

**NAMES OF PARTNERS OR PRINCIPALS**

**LEGAL RESIDENCE**

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

**NAME**

**LEGAL RESIDENCE**

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

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

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

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

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

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

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**MacBride Certification**

**NONDISCRIMINATION IN EMPLOYMENT IN NORTHERN IRELAND:  
MacBRIDE FAIR EMPLOYMENT PRINCIPLES**

In accordance with section 165 of the State Finance Law, the bidder, by submission of this bid, certifies that it or any individual or legal entity in which the bidder holds a 10% or greater ownership, or any individual or legal entity that holds a 10% or greater ownership in the bidder, either:

(Answer Yes or No to one or both of the following, as applicable)

1. Has business operations in Northern Ireland:  
 Yes  No

If yes:

2. Shall take lawful steps in good faith to conduct any business operations they have in Northern Ireland in accordance with the MacBride Fair Employment Principles relating to nondiscrimination in employment and freedom of workplace opportunity regarding such operations in Northern Ireland, and shall permit independent monitoring of compliance with such principles.  
 Yes  No

Company Name: \_\_\_\_\_

Printed Name and Title of Authorized Representative:  
\_\_\_\_\_

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

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

Proposal: \_\_\_\_\_

Commodity: \_\_\_\_\_

**CERTIFICATION – OMNIBUS PROCUREMENT ACT OF 1992**

The Omnibus Procurement Act of 1992 requires that by signing this RFP/bid proposal, contractors certify that whenever the total bid amount is greater than \$1 million:

1. The contractor has made reasonable efforts to encourage the participation of New York State Business Enterprises as suppliers and subcontractors on this project, and has retained the documentation of these efforts to be provided upon request to the State;
2. The contractor has complied with the Federal Equal Opportunity Act of 1972 (P.L. 92-261), as amended;
3. The contractor agrees to make reasonable efforts to provide notification to New York State residents of employment opportunities on this project through listing any such positions with the Job Service Division of the New York State Department of Labor; or providing such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The contractor agrees to document these efforts and to provide said documentation to the State upon request;
4. The contractor acknowledges notice that New York State may seek to obtain offset credits from foreign countries as a result of this contract and agrees to cooperate with the State in these efforts.

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

Print Name: \_\_\_\_\_

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

Company Name: \_\_\_\_\_

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

**Required Assurances**

**CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 34 CFR Part 82, "New Restrictions on Lobbying," and 34 CFR Part 85, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Education determines to award the covered transaction, grant, or cooperative agreement.

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**1. LOBBYING**

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 34 CFR Part 82, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 34 CFR Part 82, Sections 82.105 and 82.110, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-grants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

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**2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 34 CFR Part 85, for

prospective participants in primary covered transactions, as defined at 34 CFR Part 85, Sections 85.105 and 85.110--

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction;

violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (2)(b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transaction (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

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**3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610 -

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about:

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Director, Grants Policy and Oversight Professional, U.S. Department of Education, 400 Maryland Avenue, S.W. (Room 3652, GSA Regional Office Building No. 3), Washington, DC 20202-4248. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs

(a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, and zip code)

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

Check [ ] if there are workplaces on file that are not identified here.

**DRUG-FREE WORKPLACE  
(GRANTEES WHO ARE INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.610-

A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Director, Grants Policy and Oversight Professional, Department of Education, 400 Maryland Avenue, S.W. (Room 3652, GSA Regional Office building No. 3), Washington, DC 20202-4248. Notice shall include the identification number(s) of each affected grant.

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As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications. The applicant will provide immediate written notice to the NYSED Contract Administration Unit if at any time the applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

NAME OF APPLICANT NAME	PR/AWARD NUMBER AND / OR PROJECT
PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
SIGNATURE	DATE
CONTRACT YEAR	CONTRACT NUMBER

**RFP #21-008**

Instructions: 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 State Education Department.

**Offerer Disclosure of Prior Non-Responsibility Determinations**

Name of Individual or Entity Seeking to Enter into the Procurement Contract:

\_\_\_\_\_

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

\_\_\_\_\_

Name and Title of Person Submitting this Form: \_\_\_\_\_

\_\_\_\_\_

Contract RFP Number: \_\_\_\_\_

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

1. Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into the Procurement Contract in the previous four years? (Please circle):

No Yes

If yes, please answer the next questions:

2. Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j (Please circle):

No Yes

3. Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity? (Please circle):

No Yes

4. If you answered yes to any of the above questions, please provide details regarding the finding of non-responsibility below.

Governmental Entity: \_\_\_\_\_

Date of Finding of Non-responsibility: \_\_\_\_\_

Basis of Finding of Non-Responsibility: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Add additional pages as necessary)

5. Has any Governmental Entity or other governmental agency terminated or withheld a Procurement Contract with the above-named individual or entity due to the intentional provision of false or incomplete information? (Please circle):

No Yes

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6. If yes, please provide details below.

Governmental Entity: \_\_\_\_\_

Date of Termination or Withholding of Contract: \_\_\_\_\_

Basis of Termination or Withholding: \_\_\_\_\_

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

(Add additional pages as necessary)

Offerer certifies that all information provided to the Governmental Entity with respect to State Finance Law §139-k is complete, true and accurate.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

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

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



**NEW YORK STATE EDUCATION DEPARTMENT  
 NYSED SUBSTITUTE FORM W-9:  
 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION**

**TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.**

**Part I: Payee/Vendor/Organization Information**

**AGENCY ID:**

1. Legal Business Name:

2. If you use a DBA, please list below:

3. Entity Type (Check one only):

Sole Proprietor  Partnership  Limited Liability Co.  Business Corporation  Unincorporated Association/Business  Federal Government

State Government  Public Authority  Local Government  School District  Fire District  Other

**Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type**

1. Enter your TIN here: (DO NOT USE DASHES)

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2. Taxpayer Identification Type (check appropriate box):

Employer ID No. (EIN)  Social Security No. (SSN)  Individual Taxpayer ID No. (ITIN)  N/A (Non-United States Business Entity)

**Part III: Address**

1. Physical Address:

2. Remittance Address:

Number, Street, and Apartment or Suite Number

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

City, State, and Nine Digit Zip Code or Country

**Part IV: Certification of CEO or Properly Authorized Individual**

Under penalties of perjury, I certify that I am the CEO or properly authorized individual and that the number shown on this form is my correct Taxpayer Identification Number (TIN).

**Sign Here:**

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Print Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Part V: Contact Information – Individual Authorized to Represent the Payee/Vendor/Organization**

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

**(Print Name)**

Contact's Email Address: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

<b>Part VI: Survey of Future Payment Methods</b>
Please indicate all methods of payment acceptable to your organization:  <p style="text-align: center;"><input type="checkbox"/> Electronic                      <input type="checkbox"/> Check                      <input type="checkbox"/> VISA</p>

**NYS Education Department  
Instructions for Completing NYSED Substitute W-9**

The NYS Education Department (NYSED) is using the NYSED Substitute Form W-9 to obtain certification of your TIN in order to facilitate your registration with the SFS centralized vendor file and to ensure accuracy of information contained therein. We ask for the information on the NYSED Substitute Form W-9 to carry out the Internal Revenue laws of the United States.

Any payee/vendor/organization receiving Federal and/or State payments from NYSED must complete the NYSED Substitute Form W-9 if they are not yet registered in the SFS centralized vendor file.

**Part I: Payee/Vendor/Organization Information**

- 1. **Legal Business Name:** For individuals, enter the name of the person who will do business with NYS as it appears on the Social Security card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names.
- 2. **DBA (Doing Business As):** Enter your DBA name, if applicable.
- 3. **Entity Type:** Mark the Entity Type doing business with New York State.

**Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type**

- 1. **Taxpayer Identification Number:** Enter your nine-digit Social Security Number, Individual Taxpayer Identification Number (ITIN)<sup>1</sup> or Employer Identification Number.
- 2. **Taxpayer Identification Type:** Mark the type of identification number provided.

**Part III: Address**

- 1. **Physical Address:** List the location of where your business is physically located.
- 2. **Remittance Address:** List the location where payments should be delivered.

**Part IV: Certification of CEO or Properly Authorized Individual**

Please sign, date and print the authorized individual's name, telephone and email address. An email address will facilitate communication and access to Vendor Self Service.

**Part V: Contact Information**

Please provide the contact information for an individual who is authorized to make legal and financial decisions for your organization. An email address will facilitate communication and access to Vendor Self Service.

**Part VI: Survey of Future Payment Methods**

Payment methods are needed for informational purposes. To expedite payments, vendors are strongly encouraged to consider accepting payment via VISA credit card.

<sup>1</sup> An ITIN is a nine-digit number used by the United States Internal Revenue Service for individuals not eligible to obtain a Social Security Number, but are required to file income taxes. To obtain an ITIN, submit a completed W-7 to the IRS. The IRS will notify you in writing within 4 to 6 weeks about your ITIN status. In order to do business with New York State, **you must submit IRS Form W-8** along with our NYSED Substitute Form W-9 showing your ITIN. IRS Form W-8 certifies your foreign status. To obtain IRS Forms W-7 and W-8, call 1-800-829-3676 or visit the IRS website at [www.irs.gov](http://www.irs.gov).

**IRAN DIVESTMENT ACT CERTIFICATION**

As a result of the Iran Divestment Act of 2012 (Act), Chapter 1 of the 2012 Laws of New York, a new provision has been added to the State Finance Law (SFL), § 165-a, effective April 12, 2012. Under the Act, the Commissioner of the Office of General Services (OGS) will be developing a list (prohibited entities list) of “persons” who are engaged in “investment activities in Iran” (both are defined terms in the law). Pursuant to SFL § 165-a(3)(b), the initial list is expected to be issued no later than 120 days after the Act’s effective date, at which time it will be posted on the OGS website.

By submitting a bid in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, Bidder/Contractor (or any assignee) certifies that once the prohibited entities list is posted on the OGS website, it will not utilize on such Contract any subcontractor that is identified on the prohibited entities list.

Additionally, Bidder/Contractor is advised that once the list is posted on the OGS website, any Contractor seeking to renew or extend a Contract or assume the responsibility of a Contract awarded in response to the solicitation, must certify at the time the Contract is renewed, extended or assigned that it is not included on the prohibited entities list.

During the term of the Contract, should the New York State Education Department (AGENCY) receive information that a person is in violation of the above-referenced certification, AGENCY will offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment which is in violation of the Act within 90 days after the determination of such violation, then AGENCY shall take such action as may be appropriate including, but not limited to, imposing sanctions, seeking compliance, recovering damages, or declaring the Contractor in default.

AGENCY reserves the right to reject any bid or request for assignment for an entity that appears on the prohibited entities list prior to the award of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the prohibited entities list after contract award.

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

Print Name: \_\_\_\_\_

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

Company Name: \_\_\_\_\_

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

**CERTIFICATION – Sexual Harassment Policy**

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in 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 minimum, meet the requirements of section two hundred one-g of the labor law.

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

Print Name: \_\_\_\_\_

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

Company Name: \_\_\_\_\_

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

**Request for Exemption from Disclosure  
Pursuant to the Freedom of Information Law**

New York State Public Officers Law, Article 6 (Freedom of Information Law) requires that each agency shall make available all records maintained by said agency, except that agencies may deny access to records or portions thereof that fall within the scope of the exceptions listed in Public Officers Law §87(2).

Any proprietary materials submitted as part of, or in support of, a bidder’s proposal, which bidder considers confidential or otherwise excepted from disclosure under the Freedom of Information Law, must be specifically so identified, and the basis for such confidentiality or other exception must be specifically set forth.

Please list **all** such documents for every portion of the proposal on the form below, and include a copy of this document with the technical proposal. Materials which are not indicated below may be released in their entirety upon request without notice to you.

According to law, the entity requesting exemption from disclosure has the burden of establishing entitlement to confidentiality. Submission of this form does not necessarily guarantee that a request for exemption from disclosure will be granted. If necessary, NYSED will make a determination regarding the requested exemptions, in accordance with the process set forth in Public Officers Law §89(5).

<b>Material for which Exemption is Requested</b>	<b>Location / Page Number(s)</b>	<b>Basis for Request</b>

**Mandatory Requirements Certification**

By signing this form, the bidder certifies it can provide and/or meet all of the requirements listed below as well as all of the deliverables outlined in the RFP. Please use column #2 to indicate where in the proposal you demonstrate that the bidder meets the specified requirement. NYSED will use the page numbers provided to verify that the requirements have been met.

		FOR NYSED USE ONLY
1. Requirement	2. As supported in this proposal on page(s)	3. Has the bidder demonstrated that they meet the requirement?
1. All bidders must be able to fill a minimum of 35% of the estimated interpreter service hours needed by each ACCES-VR Region applied for, per contract year, which must be clearly identified in their proposal.		Yes <input type="checkbox"/> / No <input type="checkbox"/>
2. All bidders must have a minimum of two years' experience providing sign language referral services in New York State.		Yes <input type="checkbox"/> / No <input type="checkbox"/>
3. Independent interpreters of the bidder listed on the bidder's roster must have a current independent sign languages subcontract agreement with the bidder, with a minimum of six months of current experience as a subcontractor with the agency.		Yes <input type="checkbox"/> / No <input type="checkbox"/>

**Proposals that do not include the completed and signed Mandatory Requirements Certification will be disqualified and removed from further consideration.**

<b>Vendor Signature and Title</b>		<b>Date:</b>	
<b>Printed Name</b>			
<b>Company Name</b>			
<b>Company Address</b>			

FOR NYSED USE ONLY			
<b>NYSED Program Office Signature and Title</b>		<b>Date:</b>	
<b>Printed Name</b>			

# Attachment A - Proposal

 <p>THE STATE EDUCATION DEPARTMENT/THE UNIVERSITY OF THE STATE OF NEW YORK  <b>ADULT CAREER AND CONTINUING EDUCATION SERVICES</b>  <b>VOCATIONAL REHABILITATION (ACCES-VR)</b></p> <p><b>INTERPRETER REFERRAL SERVICES</b>  <b>ONSITE AND VIDEO REMOTE INTERPRETING SERVICES</b></p>			
<b>Bidder Information</b>			
Legal Name of Provider Organization:			
Address:	City:	State:	ZIP Code:
Director/Owner:			
Federal Tax Identification Number:	NYS Financial System 10-digit Identification Number (SFS ID):	Current ACCES-VR Vendor Code: <i>If applicable</i>	Charity Registration Number:
Telephone Number:	Fax Number:	E-mail Address:	
Organization Type: <input type="checkbox"/> Profit <input type="checkbox"/> Not-for-Profit			
<p><b>All bidders must sign and return the Mandatory Requirements Certification. Proposals that do not include the signed Mandatory Requirements Certification will be disqualified and removed from further consideration.</b></p> <p><b>IF YOU CANNOT MEET THE ABOVE MANDATORY BID REQUIREMENTS, STOP HERE. YOU ARE NOT ELIGIBLE TO APPLY.</b></p>			

***\*By selecting a District Office(s), you are certifying that your agency can provide a minimum of 35% of the estimated interpreter services hours needed by the Region and will be able to provide services to all counties within each Region.***

Total Number of **ACCES-VR Participant** Interpreting Hours You Are Applying to Provide:

<b>Organizational Structure</b>		
1. Identify which ACCES-VR Region(s) you are applying to provide services for and then describe your plan to provide 35% or more of interpreter and/or VRI services needed by for each ACCES-VR Region(s) you have selected in your proposal.		
2. Describe your organization's structure by providing an organization chart with job titles and detail the work flow process from referral to submission of payment invoice, including the procedures for distributing and collecting time sheets signed by participants/staff from interpreters.		
3. Please indicate the number of days that the agency takes from receipt of the interpreter referral request to confirmation that the assignment has been accepted and filled.		
<b>Capacity</b>		
Indicate the total number of hours of interpreting have provided in each of the last three (3) calendar years:		
	Interpreting Services	VRI Services
2018:		
2019:		
2020:		
Describe your agency's back-up referral service plan when interpreter resources are limited and/or unanticipated interpreter cancellations occur:		
Describe your organizations' capability to; accept required electronic payments; timely submit payment vouchers, and required Quarterly Progress Reports by the due date(s):		
<b>Eligibility of Service</b>		

1. Provide a roster of current interpreters, identify whether the interpreters are employees, subcontractors or neither, along with their current certification information;
2. Describe your operations method for providing appropriate services in a timely manner, including the plan for scheduling assignments, the matching of interpreters to participants/staff needs and the provision of certified interpreters to ACCES-VR Central/District Office(s);
3. Identify who at your agency is a RID/NAD certified interpreter who will administer the assessment of Pre-Certified Interpreters; if none, describe your plan to qualify an individual to do so.
4. Outline your plan to advance pre-certified interpreters to certified interpreters and monitor/evaluate the quality of the interpreting services provided.
5. Describe your plan for administration of the APCI for pre (RID/NAD) certified interpreters.

**Experience**

6. Identify experience with NYS ACCES-VR, other state or large public or private agencies that demonstrate the number of years the bidder has provided Interpreting Referral Services in excess of the Mandatory Bid Requirements.

***Failure to provide this information will render the proposal incomplete and it will not be accepted.***

**ACKNOWLEDGEMENT and UNDERSTANDING**

As a provider, you accept that the corresponding rates include “all related costs” and that any additional supplemental costs i.e. travel (less than 35 miles each way) related expenditures, are contained within the rates.

It is further understood that the approval to provide services does not obligate ACCES-VR to utilize them. In addition, the number of units that you are applying to provide does not obligate ACCES-VR to purchase the services in those quantities.

Signature of Responsible Official: \_\_\_\_\_

Print E-mail address of Responsible Official: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

RFP#21-008

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

RFP Title: Sign Language Interpreter Services

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			
<b>Total Multi-Year Subcontracting Costs</b>					
<b>Total Multi-Year Project Budget</b>					
<b>Total Multi-Year Subcontracting Costs divided by Total Multi-Year Budget (%)**</b>					

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