

NEW YORK STATE BRIDGE AUTHORITY
REQUEST FOR PROPOSALS

CONTRACT: BA-2011-OA-015PS
TITLE: UNDERWRITING SERVICES
DUE DATE: MAY 24, 2011

The New York State Bridge Authority (the “Authority”) is seeking proposals from experienced and qualified firms to serve as senior managing underwriter and/or co-managing underwriter for financings in connection with the Authority’s capital program. The Authority will be qualifying a pool of firms eligible to serve as underwriter. Currently, the Authority anticipates an economic refunding in 2011 of outstanding obligations and a new money borrowing in 2012. At the time of each negotiated financing, the Authority will select a firm from the qualified pool to serve as book-running manager (and co-manager(s) as applicable). The Authority reserves the right to proceed with a competitive or negotiated financing for any particular issue and to determine the size and composition of the underwriter(s) team for negotiated financings.

1. Authority Contact:

Brian Bushek, Director of Finance
New York State Bridge Authority
Mid-Hudson Bridge Plaza
Highland, New York 12528

Email: bbushek@nysba.state.ny.us
Phone: 845-691-7245
Fax: 845-691-3560

(Fax and email for inquiries only; the response to RFP may not be submitted via email)

Questions regarding this Request for Proposal (“RFP”) must be in writing and must be received by the Director of Finance at the address set forth above no later than **May 10, 2011 by 4:00 p.m.** Questions sent via e-mail are acceptable if received no later than the deadline stated above. Responses to questions will be provided in writing via email unless first class mail is specifically requested by the Proposer. Any Authority changes to this RFP will be made by written addendum. No oral modification will be binding.

No contact with any Authority personnel or Authority consultants other than the authorized contact person is allowed until such time as an award has been made. Violation of this provision may be grounds for immediate disqualification.

2. Duties of the Underwriter

Scope of Services: The successful Proposer will be requested to provide services that result in the most cost effective pricing and marketing of the Authority's bonds at the lowest interest rates possible. Specifically, the successful Proposer will be requested to provide services which will include, but not be limited to:

1. Structure and size bond issues;
2. Identify refunding opportunities, new strategies and initiatives which could enhance the Authority's financings and overall goals;
3. Prepare financing schedules and calendar of events;
4. Participate in the preparation of disclosure documents;
5. Prepare pricing memos discussing market conditions (including comparables) and preliminary pricing scales;
6. Prepare investor presentation;
7. Manage the underwriting process and provide advice on market timing and investor demand;
8. Market and distribute the bonds.

For information regarding the Authority and its finances, please refer to the Authority's website at www.nysba.net.

3. Key Dates/Events

- Issuance of RFP – May 3, 2011
- Deadline for Written Questions and Exceptions – May 10, 2011
- Proposal Due Date – May 24, 2011
- Notice of Oral Interviews – June 3, 2011
- Oral Interviews – June 13/14, 2011
- Recommendation to Authority Board – June 16, 2011

This schedule is subject to change at the Authority's discretion.

4. Evaluation of Proposals

Evaluation Criteria: The evaluation of proposals will consider satisfactory experience in connection with similar services rendered on behalf of public entities of similar size and character to the New York State Bridge Authority. The Authority will also consider, but not limit its evaluation to: underwriter's experience, underwriter's knowledge and technical expertise, knowledge of the Authority and of other transportation issuers, composition of the proposed client team; underwriter's capitalization, underwriter's ability to structure Authority bond issues, underwriter's ability to sell Authority bond issues, and underwriter's diversity and commitment to equal opportunity programs.

By submission of its proposal, the Proposer authorizes the Authority to investigate the qualifications of the Proposer under consideration, including pending criminal or civil investigations, to require confirmation of information furnished by a Proposer, and to require additional evidence of qualifications to perform the work described in this RFP or information clarifying their submissions. The evaluation process may include, in the Authority's discretion, oral presentations and/or interviews with selected

proposers. The Authority reserves the right to reject any and all proposals submitted and/or to request additional information from all proposers.

Equal Employment Opportunity: The successful Proposer must be in compliance with the provisions of Section 312 of the New York Executive Law which requires New York State Contractors to ensure equal employment opportunity to all persons without regard to race, color, religion, sex, national origin, age disability or marital status, and to promote full realization of equal opportunity through a positive and continuing program.

Information concerning the availability of New York State subcontractors and suppliers is available from the New York State Department of Economic Development, which includes the directory of certified minority and women owned businesses. **It is the policy of the New York State Bridge Authority to encourage the use of New York State subcontractors and suppliers, and to promote the participation of minority and women owned businesses where possible, in the procurement of goods and services.** Upon notification in writing by the Authority, the proposer will be requested to file with the Authority an MBE/WBE Contractor Utilization Plan, Form F attached hereto. Goals for the participation of women owned and minority owned business enterprises under the New York State Bridge Authority WBE/MBE Goal Implementation Plan are 5.0 percent for women owned businesses and 5.0 percent for minority owned businesses. Commitment to meet those goals will be a requirement of the agreement.

5. Proposal Requirements and Content

A proposal that does not include all of the required information may be rejected. For uniformity of responses, please restate and answer each question in the order presented. Respondents are requested to keep their submissions to the shortest length possible consistent with addressing each information request completely. Responses should be submitted on 8.5" X 11" paper with 1" margins and not less than 12 point font. All information included in the responses to this RFP shall become property of the Authority.

Responses should be limited to a one page transmittal letter and the following information:

- a. Identify the Proposer, and the name, title, address, telephone, fax and email address of the primary contact person for the proposal. Include the names of any additional personnel the Authority may expect to be assigned to this engagement. Resumes of such personnel should be included as ***Appendix A*** to the proposal.
- b. Include a statement that the firm is willing to perform all services identified in the RFP and will abide by the terms of the RFP, including all attachments. State whether any exceptions are taken to the terms and conditions, and reference the section of the proposal where such exceptions are detailed. Please acknowledge receipt of RFP addenda, if any. Include a statement that the person signing all proposal documents is authorized to bind the proposing firm.
- c. Provide a summary of your firm's qualifications, knowledge and recent experience related to the public transit/transportation industry and specifically, the issuance of highway and bridge transportation bonds or comparable financing programs. The Authority is especially interested in experience attributable to current staff, especially those who are intended be assigned to the Authority's project.

Please include a list of any relevant negotiated transactions completed since January 1, 2008 as *Appendix B*. Please provide the following information for each transaction:

- Name of Issuer
- Size and Title of Issue
- Date of Issue
- Rating
- Role of Firm (senior manager or co-manager)
- Lead Personnel Assigned to Engagement
- Issuer Reference

d. Given current market conditions, discuss which issues should be addressed in developing a marketing strategy for the Authority. In the discussion include (1) an explanation of how the Authority can optimize its retail marketing efforts; (2) the importance of retail and the advisability of a retail order period (3) how your firm would deploy institutional sales distribution; and (4) any other marketing strategies geared to communicate with potential investors and obtain the best price for the Authority.

e. At least three references from public sector clients, preferably from entities of similar size and character to the Authority and with respect to which the Proposer provided similar services to those proposed to be undertaken in this RFP. Provide the name, title, telephone number and email address of the client official responsible for the matters.

f. Please briefly discuss examples of transactions and circumstances where your firm used its capital to support the sale and distribution of bonds during the past two years. Incorporate information about your firm's capital structure and leveraging practices, including total capital, equity capital, uncommitted excess net capital and underwriting capacity.

g. Explain your firm's assessment of the credit strengths and weaknesses of the Authority and any recommendations for rating strategies. In this discussion please include any proposed modifications to the Authority's Bond Resolution, if any, which your firm would recommend and the potential ratings ramifications of such a modification.

h. Please state whether your firm qualifies as a WBE/MBE and if so, whether you are registered in the State of New York. Whether or not your firm qualifies, discuss your firm's affirmative action program and its commitment to the utilization of WBE/MBE firms. **Form F** is provided for information.

i. Please confirm that you are registered with FINRA and SEC. Disclose any past or present civil or criminal legal investigations, pertinent litigation, and/or regulatory action involving your firm or its employees that could have an impact on your role or ability to serve the Authority. Pursuant to MSRB Rule G-38, please disclose any consulting arrangements your firm has for obtaining municipal business in New York. In addition, please discuss if your firm has ever been in violation of the MSRB Rule G-37.

j. Provide any additional information the Proposer believes is relevant to the selection of book-running manager on the proposed transactions. Limit your response to 2 pages.

All proposals submitted to the Authority in response to this RFP may be disclosed in accordance with the standards specified in the Freedom of Information Law, Article 6 of the Public Officers Law of the State of New York (“FOIL”). A Proposer may provide in writing, at the time of its submission, a detailed description of the specific information contained in its submission, which it has determined is a trade secret and which, if disclosed, would cause substantial injury to such organization’s competitive position, using **Form E**. This characterization shall not be determinative, and the Authority assumes no responsibility for any disclosure or use of data submitted.

All responses shall include the attached Proposal Forms A through E, along with all supporting items. All blank spaces in the Proposal Forms must be filled in. Any items which are not applicable to the Proposer’s situation should be marked N/A (not applicable).

All materials submitted in response to this RFP will become the property of the Authority. The Authority shall not, in any event, be liable for any pre-contractual expenses incurred by the Proposers in the preparation of their proposals. The Authority and its respective officials, agents, representatives and employees make no representation or warranty and assume no responsibility for the accuracy of the information set forth in this RFP. Further, the Authority does not warrant nor make any representations as to the quality, content, accuracy or completeness of the information, text, graphics, links or other facet of this RFP once it has been downloaded or printed from this or any server, and hereby disclaims any liability for technical errors or difficulties of any nature that may arise in connection with a website on which this RFP is posted, or in connection with any other electronic medium utilized by respondents or potential respondents in connection with or otherwise related to the RFP.

6. Submission of Proposals

Proposers must submit **6 hard copies** signed by the Proposer or an authorized officer of the proposing firm and **an electronic copy on CD in PDF form**. Proposals must be received by Brian Bushek, Director of Finance of the New York State Bridge Authority at the Authority’s Headquarters office, no later than the Proposal Due Date specified at Section 3 above, addressed as follows:

Via Overnight Delivery: New York State Bridge Authority, Mid-Hudson Bridge Plaza, Route 44/55, Highland, New York 12528, Attention Brian Bushek, Director of Finance

OR

Via Mail: New York State Bridge Authority, P.O. Box 1010, Highland NY 12528, Attention Brian Bushek, Director of Finance.

The Authority shall not be responsible for failed or late delivery on the part of any courier or postal service.

7. Term of Underwriting Pool

The qualified pool of underwriters is expected to be established by the Authority for a term of two years. The Authority may exercise its option in its sole discretion to lengthen the term for up to six months. Subject to the consent of the Authority Board, an additional six month extension may also be exercised if necessary.

8. Lobbying Law, Ethics and Conflicts

Pursuant to New York State Finance Law §139-j and §139-k, this RFP includes and imposes certain restrictions on communications between the Authority and a Proposer during the procurement process. A Proposer is restricted from making contacts from the earliest date of notice of intent to solicit a “request for proposal” through final award and approval of the contract by the Authority (“restricted period”) to other than designated staff unless it is a contact that is included among certain statutory exceptions set forth in State Finance Law §139-j(3)(a). Designated staff, as of the date hereof, is identified in Section 1 of this solicitation. Authority employees and Board Members are also required to obtain certain information when contacted during the restricted period and make a determination of the responsibility of the Respondent pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award and in the event of two findings within a 4-year period, the Respondent is debarred from obtaining governmental Procurement Contracts as defined in State Finance Law Section §139-j. Further information about these requirements can be found on the NYS Office of General Services website at www.ogs.state.ny.us. The Respondent is required to include **Forms A-1, A-2 and A-3** with its proposal.

During the term of any contract resulting from this RFP, the Proposer shall not engage any person who is or has been at any time in the employ of the Authority or New York State to perform services under the contract, without the consent of the Authority. Further, during the term of any such contract, no person who is employed by the Proposer and who is disqualified from providing services under the Agreement pursuant to the New York State Public Officers Law or any other applicable laws, rules, regulations, guidelines or policies may share in any net revenues the Proposer derives from the Agreement. By submission of its proposal, the Proposer represents and certifies that it has not employed or retained any company or person, other than a bona fide employee working for the Proposer, to solicit or secure this Agreement, and that it has not paid or agreed to pay any company or person, other than a bona fide employee, any fee, commission, percentage, brokerage fee, gift or any other consideration, contingent on or resulting from the award or making of the contract. The Proposer is required to include **Form B** with its proposal.

9. Authority Prerogatives

The Authority reserves the right, for any or no reason and in its sole and absolute discretion, (1) to amend, in whole or part, withdraw or cancel this RFP, (2) waive irregularities in the proposals, (3) to meet with selected Proposers prior to the designation of a best qualified Proposer, (4) to accept or reject any proposals and any proposed exceptions, and (5) to accept or reject any or all proposals for any or no reason and with no penalty to the Authority.

The Executive Director will recommend to the Authority Board the name of the Proposer or Proposers they believe best qualified to provide the services required. Designation of the best qualified Proposers and, in the event an agreement is not entered into, one or more alternate best qualified Proposers, will be made by the Authority Board.

Discretion to award a contract remains solely with the Authority Board.

FORMS AND EXHIBITS:

FORM A-1	State Finance Law Section 139 Certification
FORM A-2	Offeror Certification of Compliance with State Finance Law §139-k(5)
FORM A-3	Offeror Disclosure of Prior Non-Responsibility Determinations
FORM B	Conflict of Interest Affidavit
FORM C	Certificate of Non-Collusion
FORM D	Vendor Information Form
FORM E	FOIL Confidentiality Notice
FORM F	MWBE Utilization Plan and Reporting Forms

FORM A-1
PROPOSER'S AFFIRMATION OF UNDERSTANDING OF SECTION
139 PROCEDURES

Offeror affirms that it understands and agrees to comply with the procedures of the Government Entity relative to permissible Contacts as required by State Finance Law §139-j (3) and §139-j (6) (b).

By: _____ Date: _____

Name: _____

Title: _____

Contractor Name: _____

Contractor Address: _____

FORM A-2
Offeror Certification of Compliance
with State Finance Law §139-k (5)

Offeror Certification:

I certify that all information provided to the Authority with respect to State Finance Law §139-k is complete, true and accurate.

By: _____ Date: _____

Name: _____

Title: _____

Contractor Name: _____

Contractor Address: _____

FORM A-3

Offeror Disclosure of Prior Non-Responsibility Determinations

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

Address: _____

Name of submitting this form: _____

Title of Person Submitting this form: _____

Contract Procurement 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

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)

Offeror 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: _____

**FORM B
CONFLICT OF INTEREST AFFIDAVIT**

STATE OF _____)

COUNTY OF _____) SS.:

_____, being duly sworn, deposes and says: He is an officer of _____, which is about to render services to the Authority as a contractor/consultant or in any other professional capacity (the "Firm") and agrees that the Firm has no interest and will not acquire any interest, direct or indirect, that would conflict in any manner or decree with the performance of its services to be rendered to the Authority.

That it is further agreed in the rendering of services to the Authority, no person having any such interest shall knowingly be employed by the undersigned or the Firm.

Respondent's Name: _____

Signature: _____
Authorized Official

Typed or Printed Name: _____

Title: _____

Date: _____

Sworn to before me this _____

day of _____, 2010.

NOTARY PUBLIC

FORM C
Non-Collusive Proposer Certification

BY SUBMISSION OF THIS RFP, PROPOSER AND EACH PERSON SIGNING ON BEHALF OF PROPOSER CERTIFIES, AND IN THE CASE OF JOINT RFP, 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 in this RFP 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 proposer or with any competitor;

(2) Unless otherwise required by law, the prices which have been quoted in this RFP have not been knowingly disclosed by the proposer and will not knowingly be disclosed by the proposer prior to opening, directly or indirectly, to any other proposer or to any competitor; and

(3) No attempt has been made or will be made by the proposer to induce any other person, partnership or corporation to submit or not to submit a RFP for the purpose of restricting competition.

A RFP 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 PROPOSER(S) CANNOT MAKE THE FOREGOING CERTIFICATION, THE PROPOSER 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 _____, 2010 as the act and deed of said corporation of partnership.

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

_____	_____
Name	Legal Residence
_____	_____
Name	Legal Residence
_____	_____
Name	Legal Residence
_____	_____
Name	Legal Residence

**IF PROPOSER(S) (ARE) A CORPORATION, COMPLETE THE FOLLOWING:
NAMES/ LEGAL RESIDENCE**

_____	_____
President	Legal Residence
_____	_____
Secretary	Legal Residence
_____	_____
Treasurer	Legal Residence

Date: _____

Chief Executive Officer:

Name of Proposer: _____

[Signature]

[Typed or Printed Name]

Date: _____

Chief Financial Officer:

Name of Proposer: _____

[Signature]

[Typed or Printed Name]

Sworn to before me this _____

day of _____, 2010.

NOTARY PUBLIC

FORM D

BUSINESS INFORMATION

This form must be submitted along with all other forms included in this RFP package. All questions must be answered and the data given must be clear and comprehensive. This statement must be notarized.

- 1. Name of entity:
- 2. Permanent main office address:
- 3. Telephone number: Fax number:
- 4. Contact person regarding RFP:
- 5. Names of all officers and/or principals in the firm and their titles:

Name of Officer and/or Principals	Titles

- 6. If respondent is a closely held corporation, list stockholder's information below:

Name	Address	Office Held

- 7. Date organized (month, day, year):
- 8. If a corporation, where incorporated (city, state):
- 9. Number of years entity in business: Federal Tax I.D. No.:

10. Financial References: Give bank reference and names in which accounts are held.

Bank Reference	Bank Name	Bank Address

11. Has the entity or any of its Principals, Owners, Officers, Partners, Directors or Stockholders of the entity been the subject of a criminal investigation? Yes [] No []

12. If the answer to the above question is "Yes", state the court in which the investigation is taking/took place, the approximate date the investigation commenced and, if applicable, concluded as well as the subject matter of the investigation and the identity of the person(s) or entity(ies) involved:

13. Has any indictment arisen out of the investigation? Yes [] No []

14. If the answer to the above question is "Yes", state the person(s) or entity(ies) indicated and the status of any such indictment:

15. Has an entity, (i.e.) corporation, partnership, etc., in which a Principal, Owner, Officer, Partner, Director, or Stockholder has an ownership interest ever been the subject of a criminal investigation? Yes [] No []

16. If the answer to the above question is "Yes", state the court in which the investigation is taking/took place, the approximate date the investigation commenced and, if applicable, concluded as well as the subject matter of the investigation and the identity of the person(s) or entity(ies) involved:

17. Has any indictment arisen out of the investigation? Yes [] No []

18. If the answer to the above question is "Yes", state the person(s) or entity(ies) indicated and the status of any such indictment:

19. List names of any affiliated corporation of respondent, business affiliation with respondent and specify relationship:

Name of affiliated corporation	Business Affiliation	Specify Relationship

20. Identify all subcontractors proposed to be used to fulfill any part of the obligations anticipated by this proposal:

Name of subcontractor	Address	Type of work to be performed

21. Current licenses, permits and certifications are listed on **Form I** and copies of same are attached to Form I.
22. The undersigned hereby authorizes and requests any person, firm or corporation to furnish any information requested by the Authority and/or his designee on behalf of the Authority in verification of the recitals comprising this Business Information Form.

(Name of Entity)

By: _____
(Principal)

(Title)

State of New York)
County of) ss.

_____ being duly sworn, deposes and says that he/she is
_____ of _____ and that the answers to
the foregoing questions and all statements therein contained are true and correct.

Subscribed and sworn to before me this
____ day of _____, 2010

Notary Public

FORM E
CONFIDENTIALITY NOTICE

The data on page(s)

of this proposal, identified by an asterisk (*) or marked along the margin with a vertical line, contain technical or financial information which are considered to be proprietary information or trade secrets, the disclosure of which would cause substantial injury to the Proposer's competitive positions. The Proposer requests that such data be used only for the evaluation of the proposal, but understands that such data may otherwise be disclosed to the extent that the Authority determines is necessary or proper for compliance with any law, order or decree of any court or agency of competent jurisdiction, or necessary or proper in the Authority's view to show compliance with any law, order or decree of any court or agency of competent jurisdiction.

Note:

Proposer is urged to only designate as confidential those materials which, in its opinion, clearly represent proprietary information or trade secrets. Cost proposal information and all proposed forms shall not be considered confidential.

Proposer

Signature of Authorized Official

Date

M/WBE UTILIZATION PLAN

INSTRUCTIONS: This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (M/WBE) under the contract. Attach additional sheets if necessary.

Offeror's Name:

Federal Identification Number:

Address:

Solicitation Number:

City, State, Zip Code:

Telephone Number:

Region/Location of Work:

M/WBE Goals in the Contract: MBE % WBE %

1. Certified M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary)	5. Dollar Value of Subcontracts / Supplies/Services and intended performance dates of each component of the contract.		
A.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE					
B.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE					
PREPARED BY: Signature: _____			FOR AGENCY USE ONLY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; height: 40px; vertical-align: top;">REVIEWED BY:</td> <td style="width: 30%; height: 40px; vertical-align: top;">DATE:</td> </tr> </table>		REVIEWED BY:	DATE:
REVIEWED BY:	DATE:					

<p>DATE:</p> <p>TELEPHONE NO:</p> <p>EMAIL ADDRESS:</p> <p>NAME AND TITLE OF PREPARER (Print or Type):</p> <p>SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION.</p>	<p>UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p> <p>Contract No:</p> <p>Contract Award Date:</p> <p>Estimated Date of Completion:</p> <p>Amount Obligated Under the Contract:</p> <p>NOTICE OF DEFICIENCY ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p> <p>NOTICE OF ACCEPTANCE ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p>
--	--

**EQUAL EMPLOYMENT OPPORTUNITY
WORK FORCE EMPLOYMENT UTILIZATION/COMPLIANCE REPORT**

Contract No.:	Reporting Entity: <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor	Reporting Period: <input type="checkbox"/> January 1, 20__ - March 31, 20__ <input type="checkbox"/> April 1, 20__ - June 30, 20__ <input type="checkbox"/> July 1, 20__ - September 30, 20__ <input type="checkbox"/> October 1, 20__ - December 31, 20__
Offeror's Name:		Report includes: <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Contractor/Subcontractor's total work force
Offeror's Address:		

Enter the total number of employees in 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		Veteran				
		Male (M)	Female (F)	White (M) (F)		Black (M) (F)		Hispanic (M) (F)		Asian (M) (F)		Native American (M) (F)		(M)	(F)	(M)	(F)	
Officials/Administrators																		
Professionals																		
Technicians																		
Sales Workers														<input type="checkbox"/> FOR				
Office/Clerical																		
Craft Workers																		
Laborers																		
Service Workers																		
Temporary /Apprentices																		
Totals																		

PREPARED BY (Signature):	TELEPHONE NO.: EMAIL ADDRESS:	DATE:
NAME AND TITLE OF PREPARER (Print or Type):	Submit completed form to:	

General Instructions: The work force utilization/compliance report (EEO 101-G) is to be submitted on a quarterly basis during the life of the contract to report the actual work force utilized in the performance of the contract broken down by the specified categories. When the work force utilized in the performance of the contract can be separated out from the contractor's or subcontractor's total work force, the contractor or subcontractor shall submit a Utilization Report of the work force utilized on the contract. When the work force to be utilized on the contract cannot be separated out from the contractor's or subcontractor's total work force, information on the contractor's total work force shall be included in the Utilization Report. Utilization reports are to be completed for the quarters ended 3/31, 6/30, 9/30 and 12/31 and submitted to OGS within 15 days of the end of each quarter. If there are no changes to the work force utilized on the contract during the reporting period, the contractor can submit a written statement of no change or submit a copy of the previously submitted report with the date and reporting period updated.

Instructions for completing:

1. Enter the number of the contract that this report applies to along with the name and address of the Contractor preparing the report.
2. Check off the appropriate box to indicate if the entity completing the report is the contractor or a subcontractor.
3. Check off the box that corresponds to the reporting period for this report.
4. Check off the appropriate box to indicate if the work force being reported is just for the contract or the Contractor's total work force.
5. Enter the total work force by EEO job category.
6. Break down the total work force by gender and enter under the heading 'Work force by Gender'
7. Break down the total work force by race/ethnic background and enter under the heading 'Work force by Race/Ethnic Identification'.
8. Enter information on any disabled or veteran employees included in the work force under the appropriate heading.
9. 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 report, 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**

**EQUAL EMPLOYMENT OPPORTUNITY
STAFFING PLAN**
Submit with Bid or Proposal – Instructions on page 2

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

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

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

PREPARED BY (Signature):	TELEPHONE NO.:	DATE:
	EMAIL ADDRESS:	
NAME AND TITLE OF PREPARER (Print or Type):		Submit completed with bid or proposal

General instructions: All Offerors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (EEO 100-G) 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 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 or subcontractor's total work force, the Offeror shall complete this form for the contractor's 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 if the work force being reported is just for the contract or the Offerors' total work force.
4. Enter the total work force by EEO job category.
5. Break down the total work force by gender and enter under the heading 'Work force by Gender'
6. Break down the total work force by race/ethnic background and enter under the heading 'Work force by Race/Ethnic Identification'. Contact the Designated Contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the 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 report, 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**

REQUEST FOR WAIVER FORM

INSTRUCTIONS: SEE PAGE 2 OF THIS ATTACHMENT FOR REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS.		
Offeror/Contractor Name:	Federal Identification No.:	
Address:	Solicitation/Contract No.:	
City, State, Zip Code:	M/WBE Goals: MBE % WBE %	
By submitting this form and the required information, the offeror/contractor certifies that every Good Faith Effort has been taken to promote M/WBE participation pursuant to the M/WBE requirements set forth under the contract.		
Contractor is requesting a:		
1. <input type="checkbox"/> MBE Waiver – A waiver of the MBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial		
2. <input type="checkbox"/> WBE Waiver – A waiver of the WBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial		
3. <input type="checkbox"/> Waiver Pending ESD Certification – (Check here if subcontractors or suppliers of Contractor are not certified M/WBE, but an application for certification has been filed with Empire State Development.) Date of such filing with Empire State Development: _____		
PREPARED BY (Signature):	Date:	
SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A AND 5 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.		
Name and Title of Preparer (Printed or Typed):	Telephone Number:	Email Address:
Submit with the bid or proposal or if submitting after award, submit to:	***** FOR AGENCY USE ONLY *****	
	REVIEWED BY:	DATE:
	Waiver Granted: <input type="checkbox"/> YES MBE: <input type="checkbox"/> WBE: <input type="checkbox"/> <input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver <input type="checkbox"/> ESD Certification Waiver <input type="checkbox"/> *Conditional <input type="checkbox"/> Notice of Deficiency Issued _____ *Comments:	

REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS

When completing the Request for Waiver Form please check all boxes that apply. To be considered, the Request for Waiver Form must be accompanied by documentation for items 1 – 11, as listed below. If box # 3 has been checked above, please see item 11. Copies of the following information and all relevant supporting documentation must be submitted along with the request:

1. A statement setting forth your basis for requesting a partial or total waiver.
2. The names of general circulation, trade association, and M/WBE-oriented publications in which you solicited certified M/WBEs for the purposes of complying with your participation goals.
3. A list identifying the date(s) that all solicitations for certified M/WBE participation were published in any of the above publications.
4. A list of all certified M/WBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified M/WBE participation levels.
5. Copies of notices, dates of contact, letters, and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation if an identical solicitation was made to all certified M/WBEs.
6. Provide copies of responses made by certified M/WBEs to your solicitations.
7. Provide a description of any contract documents, plans, or specifications made available to certified M/WBEs for purposes of soliciting their bids and the date and manner in which these documents were made available.
8. Provide documentation of any negotiations between you, the Offeror/Contractor, and the M/WBEs undertaken for purposes of complying with the certified M/WBE participation goals.
9. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.
10. Provide the name, title, address, telephone number, and email address of offeror/contractor's representative authorized to discuss and negotiate this waiver request.
11. Copy of notice of application receipt issued by Empire State Development (ESD).

Note:

Unless a Total Waiver has been granted, Offeror/Contractor will be required to submit all reports and documents pursuant to the provisions set forth in the Contract, as deemed appropriate by the contracting entity, to determine M/WBE compliance.

MONTHLY M/WBE CONTRACTOR COMPLIANCE REPORT

INSTRUCTIONS: BEGINNING THIRTY (30) DAYS AFTER A CONTRACT IS AWARDED, MONTHLY COMPLIANCE REPORTS ARE DUE ON THE TENTH DAY OF EACH MONTH FOR THE PRECEDING MONTH'S ACTIVITY.

Contractor's Name:

Federal Identification No.:

Address:

Contract No.:

City, State, Zip Code:

Telephone No:

AS EVIDENCE OF THE PROGRESS MADE TOWARDS ACHIEVEMENT OF THE MINORITY/WOMEN-OWNED BUSINESS ENTERPRISE (M/WBE) GOAL(S), CONTRACTOR IS REQUIRED TO COMPLETE AND SUBMIT THE FOLLOWING FOR EACH MBE OR WBE (PLEASE USE A SEPARATE FORM FOR EACH MBE OR WBE.):

1. Copy (ies) of the written agreement with certified M/WBEs (submit with first monthly report).
2. List below the name, address and telephone number(s) of the certified M/WBE(s) utilized during the preceding month.

NAME	TELEPHONE NO.
ADDRESS	LOCATION OF WORK PERFORMED
CITY, STATE, ZIP	
3. Description of the work performed by the certified M/WBE in the reporting period (attach separate sheet if needed)
4. Dates of performance of the work by the certified M/WBE
5. Actual payments made to the certified M/WBE in the reporting period \$
6. Actual total amount(s) of all payments made over the life of the contract by the Contractor to the certified M/WBE as of the date the compliance report is being submitted \$

<p>PREPARED BY (Signature): SUBMISSION OF THIS FORM CONSTITUTES THE CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A AND 5 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT</p>	<p>DATE:</p>	
<p>NAME AND TITLE OF PREPARER (Print or Type):</p>	<p>TELEPHONE NO.:</p>	<p>EMAIL ADDRESS:</p>
<p>Monthly reports should be submitted by the 10th day of each month to:</p>	<p>FOR AGENCY USE ONLY</p>	
	<p>REVIEWED BY:</p>	<p>DATE:</p>