



New York State Insurance Fund
Procurement Unit

June 5, 2019

The following Q&A along with a revised Appendix M will serve as Amendment #1 to NYSIF's Request for Quotes (RFQ) for Premium Audit Personas and Journey Mapping, bid number 2019-43-INS. Material in this Amendment supersedes any contradictory material in the RFQ.

Please note that the due date for the submission of bids **remains unchanged**.

All bids are due June 14, 2019 by 2:00 p.m.(eastern).

Sincerely,

A handwritten signature in black ink that reads "Melissa McClellan". The signature is written in a cursive, flowing style.

Melissa McClellan

Premium Audit Personas and Journey Mapping

RFQ # 2019-43-INS

Amendment 1

Question #	RFQ Page #	RFQ Section and Sub-Section Reference #/Heading	Question	NYSIF Response
1	N/A	N/A	If vendor is awarded contract, when does the job begin and/or start date?	The anticipated start date is to be determined.
2	Not provided	Not provided	Is this about making the annual payroll report more user friendly?	This is about the development of personas and journey maps showing the customer's path through the audit process.
3	1	3. Calendar	What is the total length of the period of performance, regardless of the "TBD" Anticipated Start Date?	The total length of the period of performance is one month.
4	4	8.(S/M/WBE) & Appendix M	In section 8, you state that you establish a goal of "30% MWBE participation". However, in Appendix M, Section II Contract Goals, you state "NYSIF conducted a comprehensive search and determined that the Contract does not offer sufficient opportunities to set goals for participation by MWBE's as subcontractors, service providers and suppliers to Contractor". Does this mean that the Awardee is required to be a certified MWBE? Or does this mean that the Awardee does not need to be a certified MWBE and only needs to either be, or subcontract, to a MWBE, in "good faith"?	Attached is a revised Appendix M outlining the 30% MWBE goal under this RFQ.

Premium Audit Personas and Journey Mapping

RFQ # 2019-43-INS

Amendment 1

Question #	RFQ Page #	RFQ Section and Sub-Section Reference #/Heading	Question	NYSIF Response
5	4	8.(S/M/WBE) & Appendix M	If NYSIF requires a 30% MWBE participation, as mentioned in Section 8, will the NYSIF consider a self-certified MWBE? Furthermore, will the NYSIF consider the company's process of obtaining a state certification after an award sufficient and as an act of "good faith"?	MWBE firms must be NYS certified. Firms may visit https://ny.newnycontracts.com/ for additional information on how to become a certified NYS MWBE firm. Awarded firms are required to meet the 30% MWBE goal as a prime or through an MWBE subcontractor. Should a firm be unable to meet the 30% MWBE goal, they should fill out Appendix M, Form 104 (Request for Waiver Form).
6	4	8.(S/M/WBE) & Appendix M	Will NYSIF please include a MWBE waiver Form 104, as it was not included in Appendix M	Yes, see attached revised Appendix M which includes Form 104.
7	4	8.(S/M/WBE) & Appendix M	Will NYSIF consider an federal Small Business Administration 8(a) Program participant, and its certification, as an act of "good faith" for meeting NYSIF MWBE requirements?	MWBE firms must be NYS certified. Firms may visit https://ny.newnycontracts.com/ for additional information on how to become a certified NYS MWBE firm. Awarded firms are required to meet the 30% MWBE goal as a prime or through an MWBE subcontractor. Should a firm be unable to meet the 30% MWBE goal, they should fill out Appendix M, Form 104 (Request for Waiver Form).
8	5	13. Technical Specifications	Can NYSIF please provide an approximate "Rough Order of Magnitude" (ROM) for the total labor hours required to complete this contract from start to finish?	The number of hours required will depend on advice given by the awarded vendor.
9	5	13. Technical Specifications	Does NYSIF have any previous design research artifacts from ongoing and previous engagements for the awardee to reference during the engagement?	Confidential NYSIF documents will be shared with the awardee of the contract.

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Question #	RFQ Page #	RFQ Section and Sub-Section Reference #/Heading	Question	NYSIF Response
10	5	13. Technical Specifications	Will NYSIF be providing NYSF/government design research services and personnel, along with the vendor, for this project?	The awarded vendor will be working directly with NYSIF staff who have been analyzing the process.
11	5	13. Technical Specifications	How many journey maps will NYSIF want to satisfy contract requirements?	The number of journey maps will depend on the advice given to NYSIF by the awarded vendor based on what seems appropriate for the process.
12	5	13. Technical Specifications	How many personas will NYSIF want to satisfy contract requirements?	The number of journey maps will depend on the advice given to NYSIF by the awarded vendor based on what seems appropriate for the process.
13	5	13. Technical Specifications	Does NSIF have an incumbant vendor for these services?	Not material to this RFQ.
14	5	13. Technical Specifications	Do you currently have personas? If so, how many?	We currently have 3 personas drafted to help define our customers.
15	5	13. Technical Specifications	For primary research, what type of sample size are you hoping for?	NYSIF and the vendor will work in conjunction to determine the sample size for any primary research.
16	5	13. Technical Specifications	What type of marketing or email technology do you have to use? If none, are you willing to implement something?	NYSIF is not looking to change our technology. Details of our current systems will be shared with the awarded vendor.
17	5	13. Technical Specifications	What type of contact information do you have for exisiting contacts? (email, phone, etc.)	NYSIF has email addresses and phone numbers for our policyholders.
18	3	7. Insurance Requirements	Do you require a company to have all of the insurance prior to submitting a proposal, or can they increase a coverage amount or get an insurance policy if they are chosen in the process?	Per RFQ Section 7, "Prior to the commencement of the work to be performed by the successful Bidder, the Bidder shall file with NYSIF Certificates of Insurance evidencing compliance with all requirements contained in this RFQ." Proof of insurance is not required with the submission of your response to the RFQ. However, all insurance must be in place prior to a contract being executed.

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RFQ # 2019-43-INS

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Question #	RFQ Page #	RFQ Section and Sub-Section Reference #/Heading	Question	NYSIF Response
19	6	14. Cost Facotrs/Fee Schedule	Can we use a blended rate for our employees who would work on the project?	Per the Fee Schedule Proposal (Appendix Z), rates must be all-inclusive and include all direct and indirect costs. NYSIF requires the Title, Number of Hours, and Hourly rate for all employees who will be completing work under this RFQ. Failure to fully complete the Appendix Z in the format provided may result in your bid being deemed non-responsive and disqualified. Bidders may not edit the fee schedule, including removal of any lines/columns.
20	5	13. Technical Specifications	Regarding recruiting external end-users and internal stakeholders to interview and conduct workshops with, will NYSIF be responsible for recruiting them or will the bidder need to recruit those end-users and internal stakeholders?	NYSIF will be responsible for recruiting external end-users and internal stakeholders for interviews and workshops.
21	5	11. Mandatory Requirements	How do you want this addressed in a response from vendors? Do you want a Word document that provides information that details experience for both requirements?	Yes, please summarize your experience in a word document for NYSIF's consideration. In addition, if you have samples of personas and journey maps that you have worked on previously, please submit those for consideration as well.
22	5	13. Technical Specification	How do you want this addressed in a response from vendors? In what format?	Please summarize your experience in a word document for NYSIF's consideration. In addition, if you have samples of personas and journey maps that you have worked on previously, please submit those for consideration as well.
23	5	13. Technical Specification	Please clarify what is meant by "must demonstrate how each of the following specifications are met"?	Bidders must adequately describe and address how their firm can meet all specifications/requirements in the RFQ so NYSIF can accurately review a bidders plan to meet NYSIF's needs.

Premium Audit Personas and Journey Mapping

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Question #	RFQ Page #	RFQ Section and Sub-Section Reference #/Heading	Question	NYSIF Response
24	5	13. Technical Specification	When are they expecting the final deliverable - a specific date or specific number of weeks/months from project start?	NYSIF is expecting the final deliverables one month from the start of the project.
25	5	13. Technical Specification	How many stakeholders are you expecting to be interviewed?	This will depend on the advice given by the awarded vendor.
26	5	13. Technical Specification	Will we be able to interview previously audited customers with NYSIF direction?	Customers are available for feedback. NYSIF will work with the awarded vendor to gather the feedback.
27	5	13. Technical Specification	Will we be given access to all survey results?	The awarded vendor will have access to relevant survey results.
28	5	13. Technical Specification	What format do you want the final deliverable to be in?	NYSIF would like the raw files, whether they be a word document, powerpoint, excel, etc., as well as a PDF version for presentation purposes.
29	Not provided	Not provided	My firm is interested in the project as a subcontractor, we are a certified DBE in New York State, is it possible to introduce my firm to those firms expressing interest as a prime.	Although it is the sole responsibility of the awarded vendors to ultimately find a subcontractor to work with, NYSIF can add MWBE firms interested in subcontracting to a list.

APPENDIX M

PARTICIPATION BY MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES: REQUIREMENTS AND PROCEDURES

I. General Provisions

- A. The NYS Insurance Fund (NYSIF) is required to implement the provisions of New York State Executive Law Article 15-A and Parts 140-145 of Title 5 of the New York Codes, Rules and Regulations (“NYCRR”) for all State contracts, as defined therein, with a value (1) in excess of \$25,000 for labor, services, equipment, materials, or any combination of the foregoing or (2) in excess of \$100,000 for real property renovations and construction.
- B. The contractor to the subject contract (the “Contractor” and the “Contract,” respectively) agrees, in addition to any other nondiscrimination provision of the Contract and at no additional cost to NYSIF, to fully comply and cooperate with NYSIF in the implementation of New York State Executive Law Article 15-A and the regulations promulgated thereunder. These requirements include equal employment opportunities for minority group members and women (“EEO”) and contracting opportunities for New York State-certified minority and women-owned business enterprises (“MWBEs”). The Contractor’s demonstration of “good faith efforts” pursuant to 5 NYCRR § 142.8 shall be a part of these requirements. These provisions shall be deemed supplementary to, and not in lieu of, the nondiscrimination provisions required by New York State Executive Law Article 15 (the “Human Rights Law”) and other applicable federal, state, and local laws.
- C. Failure to comply with all of the requirements herein may result in a finding of non-responsiveness, non-responsibility and/or a breach of contract, leading to the assessment of liquidated damages pursuant to Section VII of this Appendix and such other remedies are available to NYSIF pursuant to the Contract and applicable law.

II. Contract Goals

- A. For purposes of this Contract, NYSIF hereby establishes an overall goal of 30% for MWBE participation, 18% for New York State-certified minority-owned business enterprise (“MBE”) participation and 12% for New York State-certified women-owned business enterprise (“WBE”) participation (collectively, “MWBE Contract Goals”) based on the current availability of MBEs and WBEs.
- B. For purposes of providing meaningful participation by MWBEs on the Contract and achieving the MWBE Contract Goals established in Section II-A hereof, the Contractor should reference the directory of MWBEs at the following internet address: <https://ny.newnycontracts.com>.

Additionally, the Contractor is encouraged to contact the Division of Minority and Women’s Business Development at (212) 803-2414 to discuss additional methods of maximizing participation by MWBEs on the Contract.

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- C. The Contractor understands that only sums paid to MWBEs for the performance of a commercially useful function, as that term is defined in 5 NYCRR § 140.1, may be applied towards the achievement of the applicable MWBE participation goal. [FOR CONSTRUCTION CONTRACTS – The portion of a contract with an MWBE serving as a supplier that shall be deemed to represent the commercially useful function performed by the MWBE shall be 60% of the total value of the contract. The portion of a contract with an MWBE serving as a broker that shall be deemed to represent the commercially useful function performed by the MWBE shall be the monetary value for fees, or the markup percentage, charged by the MWBE]. [FOR ALL OTHER CONTRACTS - The portion of a contract with an MWBE serving as a broker that shall be deemed to represent the commercially useful function performed by the MWBE shall be 25% of the total value of the contract]
- D. The Contractor must document “good faith efforts,” pursuant to 5 NYCRR § 142.8, to provide meaningful participation by MWBEs as subcontractors and suppliers in the performance of the Contract. Such documentation shall include, but not necessarily be limited to:
1. Evidence of outreach to MWBEs;
 2. Any responses by MWBEs to the Contractor’s outreach;
 3. Copies of advertisements for participation by MWBEs in appropriate general circulation, trade, and minority or women-oriented publications;
 4. The dates of attendance at any pre-bid, pre-award, or other meetings, if any, scheduled by NYSIF with MWBEs; and,
 5. Information describing specific steps undertaken by the Contractor to reasonably structure the Contract scope of work to maximize opportunities for MWBE participation.

III. Equal Employment Opportunity (“EEO”)

- A. The provisions of Article 15-A of the Executive Law and the rules and regulations promulgated thereunder pertaining to equal employment opportunities for minority group members and women shall apply to the Contract.
- B. In performing the Contract, the Contractor shall:
1. Ensure that each contractor and subcontractor performing work on the Contract shall undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, EEO shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation.
 2. The Contractor shall submit an EEO policy statement to NYSIF within seventy-two (72) hours after the date of the notice by NYSIF to award the Contract to the Contractor.

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3. If the Contractor, or any of its subcontractors, does not have an existing EEO policy statement, NYSIF may require the Contractor or subcontractor to adopt a model statement (see Form 106 – Equal Employment Opportunity Policy Statement).
4. The Contractor's EEO policy statement shall include the following language:
 - a. The Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability, or marital status, will undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force.
 - b. The Contractor shall state in all solicitations or advertisements for employees that, in the performance of the contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.
 - c. ONLY FOR CONTRACTS WITH A TOTAL EXPENDITURE IN EXCESS OF \$250,000: The Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union, or representative will not discriminate on the basis of race, creed, color, national origin, sex age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.
 - d. The Contractor will include the provisions of Subdivisions (a) through (c) of this Subsection 4 and Paragraph "E" of this Section III, which provides for relevant provisions of the Human Rights Law, in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the Contract.

C. Form 101 - Staffing Plan

To ensure compliance with this Section, the Contractor shall submit a staffing plan to document the composition of the proposed workforce to be utilized in the performance of the Contract by the specified categories listed, including ethnic background, gender, and Federal occupational categories. The Contractor shall complete the staffing plan form and submit it as part of their bid or proposal or within a reasonable time, as directed by NYSIF.

D. Form 102 - Workforce Utilization Report

1. The Contractor shall submit a Workforce Utilization Report, and shall require each of its subcontractors to submit a Workforce Utilization Report, in such form as shall be required by NYSIF on a Quarterly basis during the term of the Contract, with the exception of Construction Contracts. For Construction Contracts, the Contractor is required to submit a Workforce Utilization Report on a Monthly basis.
2. Separate forms shall be completed by the Contractor and any subcontractors.

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3. Pursuant to Executive Order #162, contractors and subcontractors are also required to report the gross wages paid to each of their employees for the work performed by such employees on the contract on a quarterly basis.
- E. The Contractor shall comply with the provisions of the Human Rights Law, and all other State and Federal statutory and constitutional non-discrimination provisions. The Contractor and its subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

IV. MWBE Utilization Plan

- A. The Contractor represents and warrants that the Contractor has submitted an MWBE Utilization Plan, or shall submit an MWBE Utilization Plan at such time as shall be required by NYSIF, to the designated contacts at mwbeinfo@nysif.com, provided, however, that the Contractor may arrange to provide such evidence via a non-electronic method to NYSIF, either prior to, or at the time of, the execution of the contract.
- B. The Contractor agrees to adhere to such MWBE Utilization Plan in the performance of the Contract.
- C. The Contractor further agrees that failure to submit and/or adhere to such MWBE Utilization Plan shall constitute a material breach of the terms of the Contract. Upon the occurrence of such a material breach, NYSIF shall be entitled to any remedy provided herein, including but not limited to, a finding that the Contractor is non-responsive.

V. Waivers

- A. If the Contractor, after making good faith efforts, is unable to achieve the MWBE Contract Goals stated herein, the Contractor may submit a request for a waiver to contracts@nysif.com, or a non-electronic method provided by NYSIF. Such waiver request must be supported by evidence of the Contractor's good faith efforts to achieve the maximum feasible MWBE participation towards the applicable MWBE Contract Goals. If the documentation included with the waiver request is complete, NYSIF shall evaluate the request and issue a written notice of approval or denial within twenty (20) business days of receipt.
- B. If NYSIF, upon review of the MWBE Utilization Plan, quarterly MWBE Contractor Compliance Reports described in Section VI, or any other relevant information, determines that the Contractor is failing or refusing to comply with the MWBE Contract Goals, and no waiver has been issued in regard to such non-compliance, NYSIF may issue a notice of deficiency to the Contractor. The Contractor must respond to the notice of deficiency

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within seven (7) business days of receipt. Such response may include a request for partial or total waiver of MWBE Contract Goals.

VI. Quarterly MWBE Contractor Compliance Report

The Contractor is required to submit a quarterly MWBE Contractor Compliance Report to mwbeinfo@nysif.com, provided, however, that the Contractor may arrange to provide such report via a non-electronic method to NYSIF by the 10th day following the end of each quarter during the term of the Contract.

VII. Liquidated Damages - MWBE Participation

- A. Where NYSIF determines that the Contractor is not in compliance with the requirements of this Appendix and the Contractor refuses to comply with such requirements, or if the Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals, the Contractor shall be obligated to pay to NYSIF liquidated damages.
- B. Such liquidated damages shall be calculated as an amount equaling the difference between:
 - 1. All sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and
 - 2. All sums actually paid to MWBEs for work performed or materials supplied under the Contract.
- C. In the event a determination has been made which requires the payment of liquidated damages and such identified sums have not been withheld by NYSIF, the Contractor shall pay such liquidated damages to NYSIF within sixty (60) days after they are assessed. Provided, however, that if the Contractor has filed a complaint with the Director of the Division of Minority and Women's Business Development pursuant to 5 NYCRR § 142.12, liquidated damages shall be payable only in the event of a determination adverse to the Contractor following the complaint process.

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Form 101 - Instructions

General Instructions: All Offerors and each subcontractor identified in the bid or proposal must complete a Staffing Plan (Form 101) and submit it as part of the bid or proposal. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form for the contractor's and/or subcontractor's total work force.

Instructions for completing:

1. Check off the appropriate box to indicate if the entity completing the Report is the Offeror or Subcontractor.
2. Check off the appropriate box to indicate work force to be utilized in the performance of the contract or the Offerors' total work force.
3. Enter the name and address of the Offeror and the solicitation number that this report applies to.
4. Verify that job titles are provided under the column titled "SOC Job Title" for each employee whose anticipated work will be reflected on the Report. If a necessary job title is not included, please add the corresponding job category, title and corresponding job code to the "EEO 1 Job Categories" "SOC Job Title" and "SOC Job Code" columns from the list of job categories, SOC titles, and SOC codes reflected in the EEO-1 Job Classification Guide, 2014. A copy of this guide can be found on NYSIF's website at: www.nysif.com/procurement
5. In the first group of boxes, identify the anticipated number of hours worked by persons identifying with each racial/ethnic category by gender for each job title in the SOC Job Title column.
6. In the second group of boxes, identify the anticipated number of persons identifying with each racial/ethnic category by gender for each job title in the SOC Job Title column.
7. Enter the name and the title for the person completing the form, enter the date upon which the Report was completed, and sign the form.

RACE/ETHNIC IDENTIFICATION

Race/ethnic designations as used by the Equal Employment Opportunity Commission and do not denote scientific definitions of anthropological origins. For the purposes of this Report, an employee must 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 Report 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/AFRICAN AMERICAN:** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC/LATINO:** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN/NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** a person having origins in any of the original peoples of the Far East, Southeast Asia, the the Indian subcontinent or the Pacific Islands.
- **NATIVE INDIAN/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.

Form 101
STAFFING PLAN
Submit with Bid or Proposal-Instructions in Appendix M

Reporting Entity

☐

Contractor

☐

Subcontractor

Report includes Contractor's/Subcontractor's

☐

Workforce Utilized in Performance of Contract

☐

Contractor/Subcontractor's Total Workforce

Offeror's Name

Offeror's Address

Solicitation Number

EEO 1 Job Categories	SOC Job Title	SOC Job Code	Hours worked by Race/Ethnic Identification During Reporting Period									
			White		Black/African American		Hispanic/Latino		Asian/Native Hawaiian or Other Pacific Islander		Native American/Alaskan Native	
			Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Professionals	Lawyers	(23-1011)										
Administrative Support Workers	Paralegals and Legal Assistants	(23-2011)										
Administrative Support Workers	Miscellaneous Legal Support Workers	(23-2090)										
Administrative Support Workers	Secretaries and Administrative Assistants	(43-6010)										
	Other -											
	Other -											
	Other -											
TOTAL ANTICIPATED HOURS WORKED												

EEO 1 Job Categories	SOC Job Title	SOC Job Code	Number of Employees by Race/Ethnic Identification During Reporting Period									
			White		Black/African American		Hispanic/Latino		Asian/Native Hawaiian or Other Pacific Islander		Native American/Alaskan Native	
			Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Professionals	Lawyers	(23-1011)										
Administrative Support Workers	Paralegals and Legal Assistants	(23-2011)										
Administrative Support Workers	Miscellaneous Legal Support Workers	(23-2090)										
Administrative Support Workers	Secretaries and Administrative Assistants	(43-6010)										
	Other -											
	Other -											
	Other -											
TOTAL ANTICIPATED EMPLOYEES												

Preparer's Name:

Preparer's Title:

Date:

Preparer's Signature:

APPENDIX M

Form 102 - Instructions for Submitting the Workforce Utilization Report

The Workforce Utilization Report (“Report”) is to be submitted on a monthly basis for construction contracts¹, and a quarterly basis for all other contracts, during the life of the contract to report the actual workforce utilized in the performance of the contract broken down by job title. When the workforce utilized in the performance of the contract can be separated out from the contractor’s and/or subcontractor’s total workforce, the contractor and/or subcontractor shall submit a Report of the workforce utilized on the contract. When the workforce to be utilized on the contract cannot be separated out from the contractor’s and/or subcontractor’s total workforce, information on the contractor’s and/or subcontractor’s total workforce may be included in the Report.

Reports are to be submitted electronically, using the provided Report worksheet, to mwbeinfo@nysif.com within ten (10) days following the end of each month or quarter, whichever is applicable.

Instructions for Completing the Workforce Utilization Report

1. **REPORTING ENTITY:** Check off the appropriate box to indicate if the entity completing the Report is the contractor or a subcontractor.
2. **FEDERAL EMPLOYER IDENTIFICATION NUMBER:** Enter the Federal Employer Identification Number (FEIN) assigned by the IRS. Contractors utilizing their social security number in lieu of an FEIN should leave this field blank.
3. **CONTRACTOR NAME and CONTRACTOR ADDRESS:** Enter the primary business address for the entity completing the Report.
4. **CONTRACT NUMBER:** Enter the number of the contract to which the Report applies.
5. **REPORTING PERIOD:** Check off the box that corresponds to the applicable quarterly or monthly reporting period for this Report. Only select one box.
6. **WORKFORCE IDENTIFIED IN REPORT:** Check off the appropriate box to indicate if the workforce being reported is just for the contract or the contractor’s or subcontractor’s total workforce.
7. **OCCUPATION CLASSIFICATIONS and SOC JOB TITLE:** Select the occupation classification and job title that best describes each group of employees performing work on the state contract under columns A and B.
8. **EEO JOB TITLE and SOC CODE:** These fields will populate automatically based upon the Occupation Classifications and SOC Job Titles selected. Do not modify the results generated in these fields.
9. **NUMBER OF EMPLOYEES and NUMBER OF HOURS:** Enter the number of employees and total number of hours worked by such employees for each job title under the columns corresponding to the gender and racial/ethnic groups with which the employees most closely identify.
10. **TOTAL GROSS WAGES: [TO BE REPORTED QUARTERLY]** Enter the total gross wages paid to all employees for each job code, and each gender and racial/ethnic group, identified in the Report. Contractors and subcontractors should report only gross wages for work on the contract paid to employees during the period covered by the Report. “Gross wages” are those reported by employers to employees on their wage statements. Gross wages are defined more specifically by 20 NYCRR §2380.4 and typically include every form of compensation for employment paid by an employer to his, her or its employees, whether paid directly or indirectly by the employer, including salaries, commissions, bonuses, tips and the reasonable value of board, rent, housing, lodging or similar advantage received.
11. **PREPARER’S INFORMATION:** Enter the name and title for the person completing the form, enter the date upon which the Report was completed, and check the box accepting the name entered into the Report as the digital signature of the preparer.

¹ The Gross Wages column is only required to be completed on a quarterly basis commencing 1/1/2018.

APPENDIX M

Race/Ethnic Identification

Race/ethnic designations do not denote scientific definitions of anthropological origins. For the purposes of this Report, an employee must be included in the group with which he or she most closely identifies. No person may be counted in more than one race/ethnic group. In determining an employee's race or ethnicity, a contractor may rely upon an employee's self-identification, employment records, or, in cases where an employee refuses to identify his or her race or identity, observer identification. The race/ethnic categories for this Report 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/AFRICAN AMERICAN** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC/LATINO** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN, NATIVE HAWAIIAN OR OTHER 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 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.

Resources

If you have questions regarding these requirements, are unsure of the appropriate job titles to include in your Report, or otherwise require assistance in preparing or submitting the Report, please contact MWBEinfo@nysif.com or contact Mary Rumberg at (212) 312-7178 or Carrell Clarke-Europe at (212) 312-0089.

Form 103
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 No.:	
Address:		Solicitation No.:	
City, State, Zip Code:		Project No.:	
Telephone No.:		M/WBE Goals in the Contract:	MBE _____ % WBE _____ %
Region/Location of Work:			

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.	<u>NYS ESD CERTIFIED</u> <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
B.	<u>NYS ESD CERTIFIED</u> <input type="checkbox"/> MBE <input type="checkbox"/> WBE			

6. IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, OFFEROR MUST SUBMIT A REQUEST FOR WAIVER FORM (M/WBE 104).

<p>PREPARED BY (Signature): _____</p> <p style="text-align: right;">DATE: _____</p> <p>NAME AND TITLE OF PREPARER (Print or Type): _____</p> <p style="font-size: small;">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. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TELEPHONE NO.:</td> <td style="width: 50%;">EMAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">FOR M/WBE USE ONLY</td> </tr> <tr> <td style="width: 70%;">REVIEWED BY:</td> <td style="width: 30%;">DATE:</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <p>UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO DATE:</p> <p>Contract No.:</p> <p>Project No. (if applicable):</p> <p>Contract Award Date:</p> <p>Estimated Date of Completion:</p> <p>Amount Obligated Under the Contract:</p> <p>Description of Work</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> </td> </tr> </table>	TELEPHONE NO.:	EMAIL ADDRESS:	FOR M/WBE USE ONLY		REVIEWED BY:	DATE:	<p>UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO DATE:</p> <p>Contract No.:</p> <p>Project No. (if applicable):</p> <p>Contract Award Date:</p> <p>Estimated Date of Completion:</p> <p>Amount Obligated Under the Contract:</p> <p>Description of Work</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>	
TELEPHONE NO.:	EMAIL ADDRESS:								
FOR M/WBE USE ONLY									
REVIEWED BY:	DATE:								
<p>UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO DATE:</p> <p>Contract No.:</p> <p>Project No. (if applicable):</p> <p>Contract Award Date:</p> <p>Estimated Date of Completion:</p> <p>Amount Obligated Under the Contract:</p> <p>Description of Work</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>									

APPENDIX M

Form 104 - Instructions

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, the Offeror/Contractor will be required to submit all reports and documents pursuant to the provisions set forth in the Contract, as deemed appropriate by NYSIF, to determine M/WBE compliance.

Form 104
REQUEST FOR WAIVER FORM

INSTRUCTIONS: SEE APPENDIX M FOR REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS.	
Offeror/Contractor Name:	Federal Identification No.:
Address:	Solicitation/Contract No.:
City, State, Zip Code:	M/WBE Goals:
	<div style="display: flex; justify-content: space-around;"> MBE % WBE % </div>
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: <div style="display: flex; justify-content: space-between;"> <div> 1. <input type="checkbox"/> MBE Waiver – A waiver of the MBE Goal for this procurement is requested. 2. <input type="checkbox"/> WBE Waiver – A waiver of the WBE Goal for this procurement is requested. 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). </div> <div> Date of such filing with Empire State Development: </div> </div>	
PREPARED BY (Signature): <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	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: New York State Insurance Fund Attn: Procurement Unit 15 Computer Dr. W. Albany, NY 12205 Email: contracts@nysif.com	<div style="text-align: center; font-size: x-small; background-color: #f2f2f2; padding: 2px;">*****FOR M/WBE USE ONLY*****</div> <div style="display: flex; justify-content: space-between;"> REVIEWED BY: DATE: </div> <div style="margin-top: 10px;"> Waiver Granted: <input type="checkbox"/> Yes <input type="checkbox"/> MBE <input type="checkbox"/> WBE <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Total Waiver <input type="checkbox"/> ESD Certification Waiver <input type="checkbox"/> Notice of Deficiency Issued </div> <div> <input type="checkbox"/> Partial Waiver <input type="checkbox"/> *Conditional </div> </div> </div> <div style="margin-top: 5px;"> *Comments: </div>

APPENDIX M

Form 105 - Instructions PRODUCT KEY CODE

A	=	Agriculture/ Landscaping (e.g., all forms of landscaping services)
B	=	Mining (e.g., geological investigations)
C	=	Construction
C15	=	Building Construction – General Contractors
C16	=	Heavy Construction (e.g., highway, pipe laying)
C17	=	Special Trade Contractors (e.g., plumbing, heating, electrical, carpentry)
D	=	Manufacturing
E	=	Transportation, Communication and Sanitary Services (e.g., delivery services, warehousing, broadcasting and cable systems)
F/G	=	Wholesale/Retail Goods (e.g. hospital supplies and equipment, food stores, computer stores, office supplies)
G52	=	Construction Materials (e.g., lumber, paint, law supplies)
H	=	Financial, Insurance and Real Estate Services
I	=	Services
I73	=	Business Services (e.g., copying, advertising, secretarial, janitorial, rental services of equipment, computer programming, security services)
I81	=	Legal Services
I82	=	Education Services (e.g., AIDS education, automobile safety, tutoring, public speaking)
I83	=	Social Services (Counselors, vocational training, child care)
I87	=	Engineering, architectural, accounting, research, management and related services

Form 105

M/WBE Quarterly Report of

NYS AGENCY Contract No. _____

Project No. _____

Is this the final report? Check one:

Yes: ☐No: ☐

The following information indicates the payment amounts made by the grantee/contractor to the NYS Certified M/WBE subcontractor on this project. The payments as shown made are in compliance with contract documents for the above referenced project.

Contractors Name and Address		Federal ID#	Goals/\$ Amt.		Contract Type:							
			MBE	% =	Paid to Contractor This Quarter:							
			WBE	% =	Total Paid to Contractor To Date:							
		Project Completion Date	Work Location		Reporting Period (Check One):							
					<input type="checkbox"/> 1st Quarter (4/1-6/30) <input type="checkbox"/> 3rd Quarter (10/1-12/31) <input type="checkbox"/> 2nd Quarter (7/1-9/30) <input type="checkbox"/> 4th Quarter (1/1-3/31)							
M/WBE Subcontractor/Vendor		Product Code*	Work Status This Report		Total Subcontractor Contract Amount		Payments this Quarter		Previous Payments		Total Payment Made to Date	
					MBE	WBE	MBE	WBE	MBE	WBE	MBE	WBE
Name: FED ID#			<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete									
Name: FED ID#			<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete									
Name: FED ID#			<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete									
Name: FED ID#			<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete									
Total												

*See BELOW for Product Codes

Date: _____

Name: _____

Title: _____

Signature: _____

APPENDIX M

Form 106

MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES – EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

M/WBE AND EEO POLICY STATEMENT

I, _____, the (awardee/contractor) _____ agree to adopt the following policies with respect to the project being developed or services rendered at _____

M/WBE

This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the M/WBE contract participations goals set by the State for that area in which the State-funded project is located, by taking the following steps:

- (1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.
- (2) Request a list of State-certified M/WBEs from AGENCY and solicit bids from them directly.
- (3) Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.
- (4) Where feasible, divide the work into smaller portions to enhanced participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.
- (5) Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. The Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.
- (6) Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

EEO

(a) This organization will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.

(b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex disability or marital status.

(c) At the request of the contracting agency, this organization shall request each employment agency, labor union, or authorized representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.

(d) The Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. The Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

(e) This organization will include the provisions of sections (a) through (d) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract

Agreed to this _____ day of _____, 2 _____

By _____

Print: _____ Title: _____

APPENDIX M

Form 106 (continued)

_____ is designated as the Minority Business Enterprise Liaison
(Name of Designated Liaison)

responsible for administering the Minority and Women-Owned Business Enterprises- Equal Employment Opportunity (M/WBE-EEO) program.

M/WBE Contract Goals

_____ % Minority and Women's Business Enterprise Participation

_____ % Minority Business Enterprise Participation

_____ % Women's Business Enterprise Participation

(Authorized Representative)

Title: _____

Date: _____