

## REQUEST FOR PROPOSAL

### RFP Proposal #04-010

#### NEW YORK STATE EDUCATION DEPARTMENT

#### Title: Supported Employment Enhancement (Non-Direct) Services CONTRACTS EFFECTIVE- July 1, 2004

**Background:** The State Education Department's Office of Vocational and Educational Services for Individuals with Disabilities (VESID), is currently reviewing applications for Supported Employment Services which will commence on July 1, 2004. These programs are being sought with SED RFA #03-025 and will be for direct services to consumers.

SED/VESID is also seeking applications to provide training and system enhancement to supported employment providers, as described in this application. These applications may be for two primary purposes: To provide training/technical assistance to staff in VESID-funded supported employment programs or to meet under-served needs via the creation of new affiliations and local services arrangements for disability groups in need or in geographic areas of the state requiring additional services. A single applicant may apply for either or both of the primary purposes described above.

It is anticipated that approximately \$330,000- annually, in VESID State and Federal Intensive Supported Employment funds, will be available for this purpose. No minimum amount of funding is guaranteed for this purpose.

**Eligible Organizations:** Private, or proprietary organizations with proven experience in providing training and/or technical assistance to organizations providing direct services to individuals with disabilities.

• RFP Proposal #04-010 containing:

- 1.) Description of services to be performed/program description
- 2.) Contract Type and Funding
- 3.) Evaluation Criteria and Method of Award
- 4.) Submission Documents
  - Application
  - Cost/Budget Forms/Appendices B & D
  - Assurances-
    - MacBride Certification
    - Certification-Omnibus Procurement Act of 1992
    - Certification Regarding Debarment and Suspension
    - Certification Regarding Lobbying

Note that these assurances need not be signed and submitted with the completed application. They must be signed when part of a contract executed as a result of this application. Applicants should be aware of this contractual requirement and understand that they will need to sign and adhere to the above assurances if a contract is to be executed for this purpose.

Questions regarding the request should be directed to:

William A. Deschenes  
Office of Vocational and Educational Services  
for Individuals with Disabilities (VESID)  
Room 1613, One Commerce Plaza  
99 Washington Avenue  
Albany, NY 12234  
Fax: 518-473-0721  
[VESIDSERFA@mail.nysed.gov](mailto:VESIDSERFA@mail.nysed.gov)

**Submission of Applications:**

All applications must be submitted electronically to the e-mail address noted above. All materials in support of the application must be contained within a single file attached to the e-mail. Applicants may also submit hard copies via mail if they wish.

Date: March 19, 2004  
Time: 3-PM

To: The individual and location identified above

All applications are to be identified on the e-mail subject or outside envelope as:

**“Application/RFP Materials - Do not Open”**

(Facsimile copies of the proposals are NOT acceptable)

1. The e-mail transmittal must be received by the due date and time listed above.
2. An e-mail confirmation of receipt will be sent for every transmittal received. The actual sending date and time of the electronic/e-mail application will be utilized to determine compliance with the required submittal date and time.
3. In addition to following the above steps every applicant submitting via this e-mail process **MUST** send a signed, hard copy of their “Applicant Eligibility Certification Form” (page 10 of this package) to the address and the individual above by the due date noted here. Please include that form/page 10 in your electronic application submittal as well. The content of the application must be consistent with the summary included in the “Applicant Eligibility Certification Form”. Items not included in that form will not be considered in the application process.

Questions regarding this application are to be submitted in writing (mail, fax or e-mail) to the individual identified above. Questions will be received until Feb. 27, 2004 and will be posted on the VESID Supported Employment website by March 3, 2004.

## BEFORE PROCEEDING FURTHER

Parties wishing to participate in this solicitation must be able and willing to certify that:

- they have completed Appendices B and D, here attached, to develop the proposed costs for their program.
- they have identified the goals that they will meet during this proposed project.

And, must be aware of and adhere to the following requirements:

- Complete this application and submit it within the due date described and with all required components. This application provides instructions and topic areas, which must be addressed by the complete application.
- This application and related materials can be found on the website:

[www.vesid.nysed.gov/supportedemployment](http://www.vesid.nysed.gov/supportedemployment)

## **RFP Proposal #04-010**

### **1.) Description of Services to be Performed**

#### **Work Statement and Specifications**

This section of the application details the services and products to be acquired. Please note that the contract process also includes general New York State administrative terms and conditions, as well as terms and conditions required by New York State law. These terms and conditions address issues related to both the submission of applications and any subsequent contract; they are included separately in this application package for your information. Please review all terms and conditions.

**Required Sections in Application: The following instructions are to be followed for each section of the application form which begins on page 10 of this package:**

#### **A. PREFERRED QUALIFICATIONS OF APPLICANT ORGANIZATIONS-**

Eligible Organizations- Private, or proprietary organizations with proven experience in providing training and/or technical assistance to organizations providing direct services to individuals with disabilities. Applicants will need to demonstrate an understanding of services to people with multiple disabilities and an understanding of not-for-profit community services providers of supported employment services.

- Applicants will also need to clearly identify the need for their training and/or technical assistance services and document how their proposed program will lead to individual provider and system enhancements.
- Applicants will need to identify if they are applying to provide training/technical assistance to staff in VESID-funded supported employment programs or to meet under-served needs via the creation of new affiliations and local services arrangements for disability groups in need or in geographic areas of the state requiring additional services.
- A single applicant may apply for either or both of the primary purposes described above but must include specific information concerning the following:
- The background and history of the applicant organization as relevant to the proposed project, including descriptions of similar projects conducted by the organization and the outcomes of those projects.
- Providers of direct supported employment services are eligible for this application if they meet all other eligibility requirements, as described in this section.
- Current providers of such non-direct supported employment services must apply via this application if they wish to retain these services.

- This section will not be rated by reviewers of applications. These are eligibility requirements. Only applications which meet these criteria will be further reviewed and rated.

## **B. BACKGROUND OF APPLICANT ORGANIZATION–**

- Applicant must describe its purpose and history, particularly as related to services to individuals with disabilities and multiple disabilities and to community service providers.
- Applicant must describe its history related to supported employment services. If the application is for an affiliation of more than one organization, the background and specific roles of each affiliate are described. One affiliate organization must be identified as the lead responsible for meeting the requirements of the project and for receiving and being held responsible for the funding of the project, if selected.
- Specific staff titles and responsibilities for the conduct of the project are to be identified and related to the need for and goals of the project. If existing staff are included in the project, their resumes must be included and a description of the percentage of their time which will be allocated to each objective in the proposed project. Reviewers of applications will rate the relevance of the experience of staff to be assigned to proposed projects.
- The target group to be served by the application must be identified. This includes the major disability group(s) who will be assisted by the project as well as the specific staff title(s) included in training, as applicable.

## **C. Service Provision-**

- Applicant must identify the major purpose of its application; that is to provide training/technical assistance to staff in VESID-funded supported employment programs or to meet under-served needs via the creation of new affiliations and local services arrangements for disability groups in need or in geographic areas of the state requiring additional services.
- A single applicant may apply for either or both of the primary purposes described above but must include separate services section for each primary purpose. No more than two such purposes/services sections may be included in any application. Each organization may submit only one application for this purpose.
- Applicant must identify the specific problem, need or issue to be addressed by the proposed program and how it was identified and substantiated.
- Specific goals, expectations and timelines for the project must be included.
- A method of evaluating the impact of the project against established goals must be included.
- Costs affiliated with the project, as submitted on SED/s established cost reports.

## **D. Quality Assurance –**

In addition to the specific performance indicators listed above, describe how the organization will measure the effectiveness of its supported employment system enhancement program.

Contracts will be for a five (5) year period, with annual budgets to be reviewed and approved annually by SED/VESID.

- Payments will be based upon submitted quarterly cost reports, based upon the approved Appendices B & D as submitted with this application. The payment schedule will follow that as defined in the contract.
- SED/VESID will assess contract performance at the end of each reporting quarter and will determine the need to make programmatic changes with the provider.
- SED/VESID may intervene at any point in the contract period to adjust expectations and payments, including contract cancellation, if a contract organization is not meeting established goals.

## 2.) **CONTRACT TYPE AND FUNDING:**

Type: Federal/State Supported Employment and Case Service Funds

Number of Contracts: As required to meet programmatic needs statewide.

Contract Period: 7/1/04-6/30/09

Contracts will be for a five (5) year period, with annual budgets to be reviewed and approved annually by SED/VESID.

## 3.) **Evaluation Criteria and Method of Award**

### **Method of Award: Criteria for Evaluating Applications**

#### **SELECTION CRITERIA:**

All complete proposals received by the deadline will be reviewed and rated according to the criteria below. Proposals rated for consideration of funding may be contacted for clarification of information provided. Applications will be reviewed to determine the extent to which the project provides information to demonstrate the following:

- **Preferred Qualifications of Applicants-** All applicants must meet the preferred qualifications described on page 4 of this application package.

Applications which do not adhere to these requirements will be rejected and will not be scored or evaluated further.

## **Background of Applicant Organization (40 points)**

- Applicant must demonstrate sufficient knowledge of vocational rehabilitation services including the assessment, training and employment of individuals with disabilities.
- Applicant must have sufficient knowledge of vocational rehabilitation and VESID requirements. This will include demonstrated knowledge of VESID eligibility requirements and the operation of assessment, training, supported employment and placement services as they apply to VESID services.
- If training is part of the proposed program, the applicant has described its qualifications to provide training services to direct services staff in supported employment.
- If local collaboration or other system enhancement is part of the proposed program, the applicant has described its qualifications to provide and develop such services.
- While applicants may include documentation from other community partner organizations which describe their role in the applicant's proposed program, letters of support are not to be included in this application.

## **Service Provision (35 points)**

- Applicants who apply for both training/technical assistance and local services improvement/affiliation projects will be separately evaluated and scored for those two purposes and service areas.
- Specific staff titles and responsibilities for the conduct of the project are to be identified and related to the need for and goals of the project. If existing staff are included in the project, their resumes must be included and a description of the percentage of their time which will be allocated to each objective in the proposed project. Reviewers of applications will rate the relevance of the experience of staff to be assigned to proposed projects.
- A complete description of the goals and objectives, as identified in the "Background of Applicant Organization" and "Services Provision" sections to meet the following priorities:
  - Clear, obtainable, and measurable objectives in each of the above areas against which progress and success can be measured.
  - Applicant seeks to meet under-served needs via the creation of new affiliations and local services arrangements for disability groups in need or in geographic areas of the state requiring additional services.

- Applicant seeks to provide direct-service staff training regionally or statewide (including training specific to a major disability group or groups) instead of to individual service providers
- A plan of management that insures effective and efficient administration of the project.
- A clear description of how the objectives and proposed activities address the principal programmatic requirements of the project.
- A plan to use resources and personnel effectively to achieve each objective.
- A plan to show how linkages with the other agencies will be developed to coordinate the services.
- The time that each person will commit to the project is identified and is adequate to complete those activities.

### **Quality Assurance (25 points)**

- Applicant has described how it will measure the actual provision of its program indicators.
- For all measures of effectiveness identified and tracked by the applicant, it has described how it will address any needs for improvement identified by its own quality assurance process and by VESID.
- The applicant has described how it will measure participant and provider satisfaction with its supported employment enhancement services and its methods for addressing any needs for improvement identified in this process.

### **METHOD OF AWARDS:**

**Awards will be made for the number of providers sufficient to meet regional and statewide needs from those applications which satisfy the mandatory requirements and receive the highest aggregate score in the above evaluation criteria.**

SED reserves the right to select alternative providers for this project if any of the providers selected via this request for proposal ultimately withdraw from or fail to meet the requirements of the project. In such an event, those organizations whose bids were ranked immediately below those originally awarded will be offered the opportunity to serve as the alternative provider(s).

SED will utilize the following criteria to make awards for this purpose:

- Applications will be ranked by purpose and geographic focus. Applications which focus upon training of direct-service staff will be compared to those which propose similar services in the same geographic area. Applications which propose local affiliations and other system enhancements will be ranked together.
- SED may select applications which meet statewide and regional needs from the first six (6) rankings of all applications received. SED may award services to applicants who are below the first six rankings if additional services are needed. However, SED will not award services to any applicant whose score is below **70 points** in this process.

#### 4.) **Submission Documents/Assurances**

The documents listed below (copies of which are attached or included in 4, Submission Documents) will become part of the resulting contract that will be executed between the successful bidder and SED. Please review the terms and conditions.

These assurances **WILL BE INCLUDED** in the contract which results from this RFA. Vendors who are unable to complete or abide by these assurances should not respond to this request

Appendix A – Standard Clause for all New York State Contracts

MacBride Certification

(Signature Required - the form is included in 4, Submission Documents)

Certification-Omnibus Procurement Act of 1992

(Signature Required - the form is included in 4, Submission Documents)

Affirmative Action and Minority/Women Owned Business Enterprise Policy

Certification Regarding Debarment and Suspension

(Signature Required - the form is included in 4, Submission Documents)

Certification Regarding Lobbying

(Signature Required - the form is included in 4, Submission Documents)

Appendix B and D- Cost Report Summary

**RFA APPLICATION #03-**

**APPLICATION FORM**

**APPLICANT ELIGIBILITY CERTIFICATION**

This form is **required** and must be completed and signed by a responsible official of the applicant organization. Applications received without this signed and completed form will not be eligible and will not be reviewed further.

**Legal Name and Address of Applicant Organization** \_\_\_\_\_  
\_\_\_\_\_

**Phone** \_\_\_\_\_

**1. Briefly summarize the purpose (staff training/technical assistance and/or local services enhancement) of this application-**

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

**2. Describe the location of the state which is the focus of this application (statewide, regional or local)-**

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

**3. Applicant organization certifies that it can carry out the objectives of this application and that it has the background and experience, as required in this RFP, to do so.**

**Yes** \_\_\_\_\_

\_\_\_\_\_  
Printed Name/Title of Responsible Official

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

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

\_\_\_\_\_  
Date

Box below for VESID use only

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

Information Verified/Applicant Eligible: Yes \_\_\_\_\_ No \_\_\_\_\_

Date Released for Review: \_\_\_\_\_, Approved for Release By: \_\_\_\_\_

Description of Services to be Performed- The following outline is to be followed in the completion of this application. It provides a structure for applicants which closely follows the requirements in the RFP. It's use will assist applicants in meeting all requirements and will assist reviewers as they rate/score each application. Applicants should expand the size of the spaces and lines in this format to meet their needs.

A. ELIGIBILITY OF APPLICANT ORGANIZATION

- Complete and sign the "Applicant Eligibility Certificate"
- Key staff titles, and numbers of staff assigned to each title, for the proposed program are as follows:

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B. BACKGROUND OF APPLICANT ORGANIZATION-This section need be completed only once for each application.

-Describe the history of the applicant organization. Identify its experience in providing the services described below with particular reference to services to individuals with disabilities and to supported employment services provided by not-for-profit community services providers.

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C. SERVICE PROVISION-This section may be completed for up to two times if the applicant is applying for both of the major purposes of this RFP.

-Identify the specific problem, need or issue to be addressed by the proposed program and how it was identified and substantiated.

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- Describe the target major disability population(s) to be served by this project.

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- Describe the geographic region of the state to be served by the project.

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- Define specific goals, expectations and timelines for the project.

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- Describe the method of evaluating the impact of the project against established goals.

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#### D. QUALITY ASSURANCE

- Describe how applicant will measure the actual provision of its established goals.

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- Describe how the applicant will address any needs for improvement identified by its own quality assurance process and by VESID for all measures of effectiveness identified and tracked by the applicant,

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- How does the applicant propose to measure participant satisfaction with its proposed project? How will it address any needs for improvement identified in this process?

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Orig Agency Code
11000

Contract Number

New York State Education Department  
Bureau of Fiscal Management

*Appendix B*  
**Budget Summary**

Budget for the Period: \_\_\_\_\_ to \_\_\_\_\_

BFM-8 (11/98)

Contractor Name:	
Contractor Contact Person:	Telephone:

	Expenditure Item	Amount
Line 1	Personal Service	\$
Line 2	Fringe Benefits	
Line 3	General Operating	
Line 4	(Sum of Lines 1,2 and 3) <b>TOTAL DIRECT COSTS →</b>	\$
Line 5	Indirect Cost Rate	%
Line 6	<b>Indirect Cost</b>	
Line 7	Equipment	
Line 8	Purchased Services	
Line 9	(Sum of Lines 4,6,7 and 8) <b>TOTAL EXPENSES →</b>	\$

	Revenue	Amount
1.		\$
2.		
Line 10	<b>TOTAL REVENUE →</b>	\$

	Net Budgeted Operating Costs	Amount
Line 11	(Line 9 minus Line 10) <b>NET BUDGETED OPERATING COSTS →</b>	\$

Orig Agency Code
11000

Contract Number

New York State Education Department  
Bureau of Fiscal Management

Appendix B

Page 2 of 3

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

Section 1: Direct Operating Personal Service Listing				
Title	Social Security Number (if available)	Annual Salary	% Time Allocated to Program	Salary Allocated to Program
1.	Total Personal Service-Direct Operating Salaries (To Budget Summary, Line 1) →			\$
2.	Fringe Benefits Rate →			%
3.	Total Fringe Benefits (To Budget Summary, Line 2) →			\$

Section II: General Operating Expenses					
Item	Cost Item	Amount	Item	Cost Item	Amount
1.	Insurance	\$	10.	Travel-Staff Out/State	\$
2.	Building Main.&Repair		11.	Utilities	
3.	Office Supplies		12.	Vehicles-Oper. Expenses	
4.	Program Supplies		13.	Staff Training	
5.	Telephone		14.	Advertising	
6.	Rent		15.	Printing	
7.	Travel-Staff in State		16.		
8.	Contractual Svcs		17.		
9.	Dues & Subscriptions		18.	<b>Total G/O Expenses →</b> (To Budget Summary, Line 3)	\$

Orig Agency Code
11000

Contract Number

New York State Education Department  
Bureau of Fiscal Management

Appendix B (continued)

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

<b>Section III: Equipment Purchases</b>	
<i>Item / Description</i>	<i>Amount</i>
A.	\$
B.	
C.	
<b><u>Total Equipment Purchases</u></b>	\$
<i>(To Budget Summary, Line 7)➔</i>	

<b>Section IV: Purchased Services</b>	
<i>Cost Item</i>	<i>Amount</i>
A.	\$
B.	
C.	
<b><u>Total Purchased Services</u></b>	\$
<i>(To Budget Summary, Line 8)➔</i>	

New York State Education Department  
Office of Vocational and Educational Services  
For Individuals with Disabilities

Contract #: \_\_\_\_\_

APPENDIX D  
SUPPORTED EMPLOYMENT PLAN SUMMARY

The State Education Department, Office of Vocational and Educational Services for Individuals with Disabilities (VESID), will specifically require this contract to adhere to the following project-unique obligations for delivering support employment services.

Project Period:            From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

Proposal Submitted for Project Activities Beginning: \_\_\_\_\_

Contact Person for this Project: \_\_\_\_\_

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

Phone: (     ) \_\_\_\_\_

Location of Project: \_\_\_\_\_

Geographic Area to be Served: \_\_\_\_\_

Project Summary (50 words or less): \_\_\_\_\_

Program Modifications: \_\_\_\_\_

**Note to Applicants: The following Assurance documents are NOT to be included with your application. They are here for reference and will be included with contracts awarded as a result of this application process.**

#### **4.) SUBMISSION DOCUMENTS**

**RESPONSE TO  
REQUEST FOR APPLICATION -#03-  
NEW YORK STATE EDUCATION DEPARTMENT**

**Title: Supported Employment Services**

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

**NYS Education Department  
Bureau of Fiscal Management  
Contract Administration Unit  
89 Washington Avenue, Room 409 EB  
Albany, NY 12234**

Index of Documents:

Assurances:

- ◆ MacBride Certification
- ◆ Certification-Omnibus Procurement Act of 1992
- ◆ Certifications Regarding Lobbying; Debarment and Suspension; and Drug-Free Workplace Requirements

**Signature Required**

**MacBride Certification**

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

In accordance with Chapter 807 of the laws of 1992 the bidder, by submission of this bid, certifies that it or any individual or legal entity in which the bidder holds a 10% or greater ownership, or any individual or legal entity that holds a 10% or greater ownership in the bidder, either:

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

1. Has business operations in Northern Ireland:

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes:

2. Shall take lawful steps in good faith to conduct any business operations they have in Northern Ireland in accordance with the MacBride Fair Employment Principles relating to nondiscrimination in employment and freedom of workplace opportunity regarding such operations in Northern Ireland, and shall permit independent monitoring of compliance with such principles.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Prepared by: \_\_\_\_\_

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

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

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

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

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

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

**CERTIFICATION – OMNIBUS PROCUREMENT ACT OF 1992**

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

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date

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

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

**1. LOBBYING**

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

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

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

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

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

As required by Executive Order 12549, Debarment and Suspension, and implemented at 34 CFR Part 85, for prospective participants in primary covered transactions, as defined at 34 CFR Part 85, Sections 85.105 and 85.110--

A. The applicant certifies that it and its principals:

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

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**RFP #03-XXX**

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

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

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

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

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

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

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

