

## INVITATION FOR BIDS

|  |  |
| --- | --- |
| **Bid Number:** 25P-01 | **Title:**NYSLRS Retiree Notes Newsletters 2025 Editions (Spring/Summer and Fall/Winter)  |
| **Bid Due Date:** June 2, 2025**Bid Due Time:** 4:00PM ET | **Contract Period:** One-Time Purchase |

# NOTICE TO BIDDERS

Through this Invitation for Bids (“IFB”), the New York State Office of the State Comptroller (“OSC”) as Administrative Head of the New York State Retirement System (“NYSLRS”) is seeking competitive bids from qualified firms (the “Bidders”) to perform the services stated in this IFB.

1. Bidders must:
	* Prepare and submit their bids in accordance with Section 8.0 (Bid Preparation, Submission and Award); and
	* Explain any non-material deviations from the specifications or requirements. Bidders may attach a separate sheet to their bid explanation the need for such deviations.
2. The bid selected for contract award, the terms of this IFB, the documents referenced in this IFB, and the Purchase Order issued by OSC will constitute the entire agreement (the “Agreement”) between the parties.
3. The bid constitutes a firm and irrevocable offer for a period of 180 days from the date of submission to OSC. Acceptance of the bid is not complete until the procurement has been approved by OSC’s Bureau of Contracts, and a Purchase Order is issued. When the Purchase Order is issued, the “Bidder” becomes the “Contractor.”
4. Firms electing not to submit a bid in response to this IFB should complete Attachment 5 (Information Required from Non-Bidders), including the reasons for not bidding, and return to OSC to the address indicated in Section 8.0 (Bid Preparation, Submission and Award). Failure to respond to three successive IFBs may result in the firm’s removal from the mailing list for this type of purchase.

# INFORMATION REQUIRED FROM BIDDER

|  |  |
| --- | --- |
| **Name of Company:** | **NYS Vendor ID Number (if available):****FEIN Number:** |
| **Complete Address**: |
| **Bidders Signature:** | **Date:** | **Official Title:****E-Mail Address:** |
| **Printed/Typed Copy of Signature:** | **Telephone Number: Fax Number:**( ) ( ) |

## ATTACHMENT 2

## BID PAGE

|  |  |
| --- | --- |
| **BE SURE YOU HAVE INSERTED YOUR COMPANY’S NAME IN THE BOX**  | **Bidder** |
| **⇒ ⇒ ⇒ ⇒ ⇒ ⇒** |

**NYSLRS Retiree Notes Newsletters 2025 Editions (Spring/Summer and Fall/Winter)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Cost** | **Estimated Quantities** | **Unit Price** | **Total Cost****(Unit Price x 505,000)** |
| Provide the per-unit cost and total cost of printing 505,000 newsletters for the Spring/Summer Edition and Fall/Winter Edition as described in Attachment 1 (Project Specifications).Cost must encompass everything needed to complete the project and meet the requirements described in Attachment, including:* + Materials such as stock, ink, and tab/wafer seals;
	+ Services and/or functions such as printing, finishing (perforations, folding, sealing), addressing and mailing (*except* postage);
	+ Delivery and/or shipping fees;
	+ Custom duties and/or charges; and
	+ Fees for incidentals, ancillary items, and/or related to the provisioning of materials, services and functions.

**Note: Do not include the price of postage in your Total Cost.**  | **Spring/Summer Edition:** 505,000  | **$\_\_\_\_\_** | **$\_\_\_\_\_** |
| **Fall/Winter Edition:** 505,000 | **$\_\_\_\_\_** | **$\_\_\_\_\_** |
| **TOTAL BID COST** | **$ \_\_\_\_\_\_\_\_\_\_****The Total Bid Cost is the sum of the Total Cost of the Spring/Summer Edition and Total Cost of the Fall/Winter Edition.**  |

The quoted cost must be firm for the term of the Agreement. Price increases will not be permitted at any time.

By signing below, the Bidder certifies that it meets the minimum qualifications to bid stated in Section 6 of the IFB (Minimum Qualifications to Bid).

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**ATTACHMENT 3**

## BIDDER CONTACTS

|  |
| --- |
| **IFB 25P-01****NYSLRS Retiree Notes Newsletters 2025 Editions (Spring/Summer and Fall/Winter)**  |
| 1. Any formal notice or other communication to Contractor pursuant to this IFB shall be in writing, sent to the address below:
 |
| **Name:**  |
| **Title:** |
| **Address:**  |
| **City, State, ZIP Code:**  |
| **Telephone Number (including area code):**  |
| **Email Address:**  |
| 1. In accordance with paragraph 6 of the OSC Procurement Integrity Procedures included in this IFB as Appendix D, provide the name, address, telephone number, email address, place of principal employment and occupation of any person authorized to represent the Bidders. This requirement applies not only to Bidder’s employees involved in the submission of the proposal, but also to every individual or organization employed or designated by the Bidders to attempt to influence the procurement process. If there is none, state that. This information must be updated if, after the Deadline for Submission of Bids, the Bidder retains an individual or organization to attempt to influence the procurement process. Indicate also whether the individual or organization has a financial interest in the procurement.
 |
| **Name:**  |
| **Address:**  |
| **City, State, ZIP Code:**  |
| **Telephone Number (including area code):**  |
| **Email Address:**  |
| **Place of Principal Employment:**  |
| **Occupation:**  |
| **This individual/organization has a financial interest in the procurement:** | **Yes [ ]  No**  |
| **No such individual/organization is authorized to represent the Bidder:** | **[ ]  Yes [ ]  No** |

**ATTACHMENT 4**

## REFERENCES

Submit at least three references using this form. OSC will contact each reference to ensure the Bidder is able to meet the minimum annual volume requirement stated in Section 6(A) of the IFB (Minimum Qualifications to Bid). Bidders may submit additional references by making copies of this Attachment 4.

|  |
| --- |
| **IFB 25P-01** **NYSLRS Retiree Notes Newsletters 2025 Editions (Spring/Summer and Fall/Winter)**  |
| **BIDDER:** |  |
| **Provide the following information for each reference submitted. Fields will expand as you type.** |
| **Reference Company #1:** |  |
| **Contact Person:** |  |
| **Address:** |  |
| **City, State, Zip:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Date of Project:**  |  |
| **Number of newsletters printed:**  |  |
| **Brief description of the product provided:** |  |
| **Reference Company #2:** |  |
| **Contact Person:** |  |
| **Address:** |  |
| **City, State, Zip:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Date of Project:**  |  |
| **Number of newsletters printed:**  |  |
| **Brief description of the product provided:** |  |
| **Reference Company #3:** |  |
| **Contact Person:** |  |
| **Address:** |  |
| **City, State, Zip:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Date of Project:**  |  |
| **Number of newsletters printed:**  |  |
| **Brief description of the product provided:** |  |

**ATTACHMENT 5**

|  |
| --- |
| **Name of Company:** |
| **Complete Address**: |
| **Federal Tax ID #:** | **NYS Vendor ID # (if assigned):** |
| **Check as appropriate:****We are not submitting a bid for the following reason(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****We request removal of our name from the mailing list for this title.** |

## INFORMATION REQUIRED FROM NON-BIDDERS

**APPENDIX B**

**AC 3239-A (Page 1 of 3)**

**NEW YORK STATE OFFICE OF THE STATE COMPTROLLER**

**CONTRACTOR’S EEO STAFFING PLAN OF ANTICIPATED WORKFORCE**

|  |
| --- |
| **INSTRUCTIONS: Contractor must complete and submit this form as part of the Agreement.** |
| **Contractor Name:**  | **Federal Identification Number:**  |
| **Address:**  | **Contract Number:**  |
| **City, State, Zip Code:**  | **M/WBE Participation Goals Assigned: MBE \_\_\_\_\_% WBE \_\_\_\_\_%** |
| **Does the Contractor have an existing EEO Policy? (Check one): [ ]  Yes [ ]  No** **(if Yes, attach current copy of EEO Policy Statement.)** | **Is the Contractor ESD Certified: (Check one): [ ]  Yes [ ]  No** **(If Yes, provide ESD Certification Number and Expiration Date.)** |
| **[ ]  Check box if the information provided below reflects only the workforce to be utilized in the performance of this State Contract that can be separated out from the Contractor’s/Subcontractor’s total workforce.** | **[ ]  Check box if the information provided below reflects only the workforce to be utilized in the performance of this State Contract that cannot be separated out from the Contractor’s/Subcontractor’s total workforce.** |
| **Enter in the following Job Categories the total number of staff by race, sex, and ethnic status to be utilized by the Contractor during the performance of this State Contract.** |
| **JOB CATEGORIES****(as defined in the Instructions attached)** | **RACE/ETHNICITY OF ANTICIPATED WORKFORCE (Report employees in only one category as defined in the Instructions attached.)** |
| **Hispanic or Latino** | **(NOT HISPANIC OR LATINO)** | **Total Columns****A – N** |
| **White** | **Black or African-American** | **Native Hawaiian or Other Pacific Islander** | **Asian** | **American Indian or Alaska Native** | **Two or more races** |
| **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** | **J** | **K** | **L** | **M** | **N** |
| **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** |
| **Executive/Senior Level Officials and Managers** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **First/Mid-Level Officials and Managers** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Professionals** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Technicians** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sales Workers** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Administrative Support Workers** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Craft Workers** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Operatives** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Laborers and Helpers** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Service Workers** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **TOTAL:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Prepared by (signature):**  |
| **Name of Preparer** | **Title of Preparer** | **Date** | **Telephone Number** | **Email Address** |
|  |  |  |  |  |

**NEW YORK STATE OFFICE OF THE STATE COMPTROLLER**

**AC 3239-A (Page 2 of 3)**

**CONTRACTOR’S EEO STAFFING PLAN OF ANTICIPATED WORKFORCE**

|  |
| --- |
| **Location and Description of Work to be Performed (expand as necessary):** |

**INSTRUCTIONS FOR COMPLETING**

**AC 3239-A (Page 3 of 3)**

 **CONTRACTOR’S EEO STAFFING PLAN OF ANTICIPATED WORKFORCE FORM**

|  |
| --- |
| **RACE AND ETHNIC IDENTIFICATION\*****For the purpose of completing this form, OSC has adapted the race and ethnic designations used and obtained in accordance with the requirements administered by the Equal Employment Opportunity Commission, which do not denote scientific definitions of anthropological origins. Definitions of the race and ethnicity categories are as follows:** |
| **Hispanic or Latino** | **A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.** |
| **White**  | **A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.** |
| **Black or African-American** | **A person having origins in any of the black racial groups of Africa.** |
| **Native Hawaiian or Other Pacific Islander** | **A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.** |
| **Asian** | **A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.** |
| **American Indian or Alaska Native** | **A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment** |
| **Two or More Races** | **All persons who identify with more than one of the above five races.** |
| **Submission of this form constitutes the Contractor’s acknowledgement and agreement to adhere to the compliance requirements and procedures set forth under this State Contract and OSC’s right to evaluate and determine Contractor/Subcontractor adherence or compliance during the term of said State Contract, pursuant to New York State Executive Law Article 15-A (the “Article”) and the implementing regulations set forth under 5 NYCRR.****By submitting this form, the Contractor agrees (i) to provide OSC access to all documentation, records, reports, facilities, etc. which OSC may deem necessary to determine Contractor compliance, and (ii) to be bound by the provisions of §316 regarding possible fines, sanctions, and penalties for violations of the Article.****Failure to submit complete and accurate information may result in non-compliance and bid/proposal disqualification.****\*The Equal Employment Opportunity Commission’s Description of Job Categories and Instructions for assigning employees can be viewed at** [**www.eeoc.gov/employers/eeo1survey/2007instructions.cfm**](http://www.eeoc.gov/employers/eeo1survey/2007instructions.cfm)**.** |

**APPENDIX E**

**Contractor’s Certifications/Acknowledgements**

|  |
| --- |
| **SIGNATURE AUTHORITY** |
| The Contractor\* and the person signing on behalf of the Contractor certify that such person is authorized to sign on behalf of the Contractor and has the express authority to contractually bind the Contractor.  |
| **ACKNOWLEDGEMENT OF RECEIPT OF OSC’S POLICY STATEMENT ON DISCRIMINATION AND HARASSMENT, INCLUDING SEXUAL HARASSMENT** |
| The Contractor and the person signing on behalf of the Contractor acknowledge receipt of the OSC Policy on Discrimination and Harassment, Including Sexual Harassment (Appendix C), and each agrees to abide by the terms of Appendix C. |
| **CERTIFICATION OF COMPLIANCE WITH STATE FINANCE LAW § 139(L) REGARDING SEXUAL HARASSMENT POLICY AND ANNUAL TRAINING** |
| “By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that the bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy shall, at a minimum, meet the requirements of section two hundred one-g of the labor law.” |
| **NON-COLLUSIVE BIDDING CERTIFICATION** |
| “By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of [such persons] knowledge and belief:1. The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement for the purpose of restricting competition, as to any matter relating to such prices with any other competitor;
2. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder, directly or indirectly, to any other competitor; and
3. No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.”
 |
| **CONTRACTOR’S ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF OSC EXECUTIVE ORDER ON PROCUREMENT INTEGRITY** |
| The Contractor and the person signing on behalf of the Contractor acknowledge receipt of the OSC Executive Order on Procurement Integrity and OSC Procurement Integrity Procedures (Appendix D). By submission of this bid, the Contractor and the person signing on behalf of the Contractor each affirms, under penalty of perjury, that they understand and will comply with the terms of Appendix D.  |
| \* All reference to “bidders” within this Appendix E includes proposers and Contractors. Reference to “bids” includes proposals and other responses to solicitations. **THE SIGNATURE(S) BELOW INDICATES AGREEMENT WITH EACH OF THE ABOVE CERTIFICATIONS/ ACKNOWLEDGEMENTS** |
|  |  |  |
| **Proposer Name** |  | **Joint Proposer Name (if any)** |
|  |  |  |
| **Signature** |  | **Signature** |
|  |  |  |
| **Printed or Typed Name** |  | **Printed or Typed Name** |
|  |  |  |
| **Title** |  | **Title** |
|  |  |  |
| **Date** |  | **Date** |
| *Add additional signature lines below for additional Joint Proposers, as necessary.*October 24, 2023 |

**APPENDIX F**

**DISCLOSURE OF PRIOR NON-RESPONSIBILITY DETERMINATIONS**

Have you been found by any governmental entity to be non-responsible within the past four (4) years from the date of this bid due to:

1. Impermissible contacts or other violations of New York State Finance Law Section 139-j (e.g., conduct prohibited by the ethics provisions of the New York State Public Officers Law)?

 [ ]  Yes [ ]  No

1. Intentional provision of false or incomplete information to a governmental entity?

 [ ]  Yes [ ]  No

**If your answer to either of the above is “Yes,” attach a written explanation, indicating the date of the non-responsibility finding, the entity that found you to be non-responsible, and the circumstances surrounding such finding (including any written finding of non-responsibility issued by such entity).**

**By my signature on this form, I certify that all information disclosed to the State is complete, true, and accurate with regard to prior non-responsibility findings within the past four (4) years based on (i) impermissible Contacts or other violations of New York State Finance Law Section 139-j, or (ii) the intentional provision of false or incomplete information to a governmental entity.**

 Signature

 Printed or Typed Name

 Title

 Procurement Number

 Date

August 15, 2014