# ATTACHMENT A - AMENDED

## PROPOSER’S CERTIFIED STATEMENTS

**(MANDATORY SUBMISSION: to be completed and included in the Technical proposal documents)**

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| **RFP 0001 – ONLINE FINANCIAL LITERACY PROGRAM** |
| 1. **Information with regard to the Proposer**
 |
| 1. **Provide the Proposer’s name, address, and telephone number.**
 |
| **Name:**  |
| **Address:**  |
| **City, State, ZIP Code:**  |
| **Telephone Number (including area code):**  |
| 1. **Provide the name, address, telephone number, and email address of the Proposer’s primary contact for this proposal.**
 |
| **Name:**  |
| **Address:**  |
| **City, State, ZIP Code:**  |
| **Telephone Number (including area code):**  |
| **Email Address:**  |
| 1. **Provide the name, address, telephone number, and email address of the person authorized to bind the Proposer contractually, if different from (B).**
 |
| **Name:** |
| **Address:** |
| **City, State, ZIP Code:** |
| **Telephone Number (including area code):** |
| **Email Address:** |
| 1. **In accordance with the OSC Procurement Integrity Procedures (Appendix D), provide the name, address, telephone number, email address, place of principal employment and occupation of any person authorized to represent the Proposer. This requirement applies not only to Proposer’s employees involved in the submission of the proposal, but also to every individual or organization employed or designated by the Proposer 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 Proposals, the Proposer 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 Proposer:** | **[ ]  Yes [ ]  No** |
| 1. **Minimum Qualifications to Propose (Section 3.0):**
 |
| 1. **The Proposer:**
2. **Has two years’ experience offering a secure, qualifying online financial literacy program.**

**Qualifying means that the program:**1. **has an assessment tool to analyze and report a baseline of a user’s financial knowledge;**
2. **recommends potential course topics for users based on their knowledge, needs, and interests; and**
3. **is hosted by either the Proposer or a Subcontractor.**
4. **Has three current clients who have each used the Proposer’s qualifying program for at least one year; at least one of which must be a public sector entity. The Proposer must provide contact information for each of the three clients on Attachment F (References).**
 | **[ ]  Yes [ ]  No** |
| 1. **The Program:**
2. **Is capable of being accessed by a minimum of 25,000 users annually, and**
3. **Does not include references, links, or other associations with commercial services or products.**
 | **[ ]  Yes [ ]  No** |
| 1. **All features and functionality of the Program are accessible (i) from personal computers (e.g., laptops, desktops) using the current versions of Microsoft Windows and Apple MacOS operating systems, and Firefox, Edge, Chrome, and Safari browsers, and (ii) from mobile devices (e.g., smart phones, tablets) using the current versions of the iOS and Android mobile operating systems, Firefox, Chrome, and Safari mobile browsers.**
 | **[ ]  Yes [ ]  No** |
| 1. **Proposer’s Acknowledgement of Proposal Requirements:**

**[Note: alteration of any language contained in this section may render your proposal non-responsive.]** |
| 1. **The proposal, including the Technical, Administrative, and Cost proposals, constitutes a firm and irrevocable offer for a period of 180 days from the date of submission to OSC.**
 | **[ ]  Yes [ ]  No** |
| 1. **By submission of a proposal, the Proposer agrees not to make any claims for or have a right to any damages because of any misrepresentations or misunderstanding of the specifications or because of any lack of information.**
 | **[ ]  Yes [ ]  No** |
| 1. **The Proposer agrees to fully comply with the OSC Executive Order on Procurement Integrity and OSC Procurement Integrity Procedures attached to this RFP as Appendix D.**
 | **[ ]  Yes [ ]  No** |
| 1. **The Proposer certifies that it can and will provide and make available, at a minimum, all services as described in the RFP if selected for award.**
 | **[ ]  Yes [ ]  No** |
| 1. **The Proposer certifies that staff provided to perform Services possesses the necessary integrity and professional capacity to meet NYSLRS’s reasonable expectations. Subsequent to the commencement of Services, whenever the selected Proposer becomes aware, or reasonably should have become aware, that any staff members providing Services no longer possesses the necessary integrity or professional capacity, the Proposer agrees to immediately discontinue the use of such staff and notify OSC.**
 | **[ ]  Yes [ ]  No** |
| 1. **The Proposer certifies that all information provided in connection with its proposal is true and accurate.**
 | **[ ]  Yes [ ]  No** |
| 1. **The Proposer has read, understands, and accepts the provisions of Appendix A (Standard Clauses for New York State Contracts). Appendix A contains important information related to the contract to be entered into as a result of this RFP and will be incorporated, without change or amendment, into the contract entered into between NYSLRS and the Proposer. By submitting a response to the RFP, the Proposer agrees to comply with all the provisions of Appendix A.**
 | **[ ]  Yes [ ]  No** |
| 1. **The Proposer is willing to enter into an agreement substantially in accord with the terms of Attachment G (Draft Contract), should the Proposer be selected for contract award.**
 | **[ ]  Yes [ ]  No** |
| 1. **The Proposer agrees that NYSLRS shall have the right to approve or disapprove, after appropriate review and/or interviews, any and all Subcontractors of the Proposer prior to their performance of Services under the Agreement.**
 | **[ ]  Yes [ ]  No** |
| 1. **The Proposer agrees that it shall be fully responsible for performance of work by its staff and by its Subcontractor’s staff. NYSLRS reserves the right to request removal of any Proposer staff or Subcontractor’s staff if, in NYSLRS’s discretion, such staff is not performing in accordance with the Agreement.**
 | **[ ]  Yes [ ]  No** |
| **\* A “No” Response in Sections 2 or 3 of this attachment will result in disqualification.** |
| 1. **Information Required:**
 |
| 1. **The Proposer is (check as applicable):**
 |
| **[ ]  A New York State Certified Minority-Owned Business Enterprise****[ ]  A New York State Certified Woman-Owned Business Enterprise****[ ]  A New York State Certified Minority and Woman-Owned Business Enterprise (Dual Certified)****[ ]  A New York State Service-Disabled Veteran-Owned Business** **[ ]  None of the above** |
| 1. **Provide the name, title, address, telephone number, and email address of the person authorized to receive notices with regard to the contract entered into as a result of this procurement. See Section VII. of the Draft Contract (Attachment G), NOTICES.**
 |
| **Name:** |
| **Title:** |
| **Address:** |
| **City, State, ZIP Code:** |
| **Telephone Number (including area code):** |
| **Email Address:** |
| 1. **Proposer’s Taxpayer Identification Number:**
 |
|  |
| 1. **Proposer’s NYS Vendor Identification Number as discussed in Section 7.1.D, if enrolled:**
 |
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| **By my signature I affirm under penalty of perjury that I am duly authorized to legally bind the Proposer referenced above and I sign this Attachment A (Proposer’s Certified Statements) as the legally binding act of the Proposer.**  |
| **Typed or Printed Name of Authorized Representative of the Proposer** |
| **Title/Position of Authorized Representative of the Proposer** |
| **Signature of Authorized Representative of the Proposer** |
| **Date** |
|  |

# ATTACHMENT B

## PROPOSAL DOCUMENTS CHECKLIST

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| **RFP 0001 – ONLINE FINANCIAL LITERACY PROGRAM** |
| **ADMINISTRATIVE PROPOSAL** |
| **TAB**  | **RFP §** | **REQUIREMENT** | **INCLUDED** |
| **1** | **§7.1.A** | Equal Employment Opportunity Reporting:  |  |
| Proposer’s EEO Policy Statement | **[ ]**  |
| Form AC3239-A – Proposer’s EEO Staffing Plan of Anticipated Workforce | **[ ]**  |
| **2** | **§7.1.B** | Appendix E – Contractor’s Certifications/Acknowledgements, completed and signed | **[ ]**  |
| **3** | **§7.1.C** | Appendix F – Disclosure of Prior Non-Responsibility Determinations, completed and signed | **[ ]**  |
| **4** | **§7.1.D** | Vendor Responsibility Questionnaire, certified within six months of the Proposal due date (unless filed and certified online) | **[ ]**  |
| If Vendor Responsibility Questionnaire was completed and certified online, check here and do not attach a paper copy. | **[ ]**  |
| **5** | **§7.1.E** | Optional: Written statements of the necessity for protective treatment under Freedom of Information Law | **[ ]**  |
| **6** | **§7.1.F** | Proposer’s Service Level Agreement (if applicable) | **[ ]**  |
| **TECHNICAL PROPOSAL** |
| **TAB** | **RFP §** | **REQUIREMENT** | **INCLUDED** |
| **1** | **§7.2.A - B** | Title Page and Table of Contents | **[ ]**  |
| **2** | **§7.2.C** | Attachment A – Proposer’s Certified Statements, completed and signed | **[ ]**  |
| **3** | **§7.2.D** | Attachment C – Proof of Compliance with Minimum Qualifications, completed  | **[ ]**  |
| **4** | **§7.2.E** | Attachment D – Technical Response Form, completed | **[ ]**  |
| **5** | **§7.2.F** | Attachment F – References, completed | **[ ]**  |
| **COST PROPOSAL** |
| **TAB**  | **RFP §** | **REQUIREMENT** | **INCLUDED** |
| **1** | **§7.3** | Attachment E – Cost Proposal, completed | **[ ]**  |
| **FOR ALL PROPOSALS** |
| **TAB** | **RFP §** | **REQUIREMENT** | **INCLUDED** |
| **N/A** | **§8.1.A****OPTION 1** | Submit a single USB drive that has been scanned for malware and contains each of the complete Administrative, Technical, and Cost proposals as separate files (preferred) | **[ ]**  |
| Optional:Submit one paper copy of each complete Administrative, Technical, and Cost proposals (recommended) | **[ ]**  |
| **N/A** | **§8.1.B****OPTION 2** | TWO Copies of the Administrative proposal | **[ ]**  |
| FOUR Copies of the Technical proposal | **[ ]**  |
| TWO Copies of the Cost proposal | **[ ]**  |
| Submit a single USB drive that has been scanned for malware and contains each of the complete Administrative, Technical, and Cost proposals as separate files (requested) | **[ ]**  |

#

**ATTACHMENT C**

**PROOF OF COMPLIANCE WITH MINIMUM QUALIFICATIONS**

Complete the tables below demonstrating how your firm meets the following minimum qualifications (“MQ”) as of the date of deadline for submission of proposals. Fields will expand as you type. Add rows to tables as necessary.

|  |  |
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| **Proposer:** |  |
| MQ #3.1.A: The proposer has two years’ experience offering a secure, qualifying online financial literacy program.Qualifying means that the program:1. has an assessment tool to analyze and report a baseline of a user’s financial knowledge;
2. recommends potential course topics for users based on their knowledge, needs, and interests; and
3. is hosted by either the Proposer or a Subcontractor.
 |
| **Client** | **Qualifying****Program****Provided?** | **Number of Years the Proposer has Provided the Program to Client** |
|  | **[ ]  Yes [ ]  No** |  |
|  | **[ ]  Yes [ ]  No** |  |
|  | **[ ]  Yes [ ]  No** |  |

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| **MQ #3.1.B:** The Proposerhas three current clients who have each used the Proposer’s qualifying program for at least one year; at least one of which must be a public sector entity. The Proposer has provided contact information for each of the three clients on Attachment F (References). |
| **[ ]  Yes [ ]  No** |

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| **MQ #3.2.I:** The Program is capable of being accessed by a minimum of 25,000 users annually. |
| **[ ]  Yes [ ]  No** |

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| **MQ #3.2.II:** The Program does not include references, links, or other associations with commercial services or products. |
| **[ ]  Yes [ ]  No** |

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| MQ #3.3: All features and functionality of the Program are accessible (i) from personal computers (e.g., laptops, desktops) using the current versions of Microsoft Windows and Apple MacOS operating systems, and Firefox, Edge, Chrome, and Safari browsers, and (ii) from mobile devices (e.g., smart phones, tablets) using the current versions of the iOS and Android mobile operating systems, and Firefox, Chrome, and Safari mobile browsers. |
| **[ ]  Yes [ ]  No** |

**ATTACHMENT D - AMENDED**

**TECHNICAL RESPONSE FORM**

Respond to the questions in the tables below using the blank fields provided. Fields will expand as you type.

|  |  |
| --- | --- |
| **Proposer Name:** |  |

1. **Organization**

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| 1. Provide a descriptive summary of the Proposer’s business, including its history, number of staff, number of years in business, organizational structure for delivery of technical, educational content, and marketing services, and what percentage of the Proposer’s business is focused on providing financial literacy services. Provide a summary of the Proposer’s experience managing financial literacy programs, specifically to public sector entities.
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| 1. Provide the number of years the Proposer has been in business providing online financial literacy programs.
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1. **Staff**

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| 1. Identify the individual to be assigned as the Project Coordinator and provide a professional narrative addressing the individual’s experience and expertise coordinating the implementation of online financial literacy programs. Include the following information in the response:
	1. The number of years of experience the proposed individual has with project implementations in general,
	2. The number of years of experience the proposed individual has serving as the project coordinator on prior implementations of online financial literacy programs,
	3. The number of online financial literacy program implementations the proposed individual has coordinated,
	4. Describe the private and public sector clients the proposed individual has assisted with online financial literacy program implementations, and
	5. Other relevant experience supporting claimed qualifications.
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| 1. Provide a professional narrative for the proposed Marketing Lead, addressing the individual’s experience and expertise in promoting online financial literacy programs. Include the following information in the response:
	1. The number of years of experience the proposed individual has marketing financial literacy programs in general,
	2. The number of years of experience the proposed individual has assisting clients with marketing their online financial literacy programs,
	3. Describe the private and public sector clients the proposed individual has assisted with marketing their online financial literacy program,
	4. The number of public sector clients the proposed individual has assisted with marketing their financial literacy programs, and
	5. Other relevant experience supporting claimed qualifications.

Preference will be given to Proposers who are able to assign a Marketing Lead with experience providing these services to public sector entities. |
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1. **Program**

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| 1. Confirm which of the following topics will be covered in the Program: personal finance, budgeting, 529 college savings plans, ABLE (Achieving a Better Life Experience) plans, and credit and debt management.
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| 1. Confirm which of the following topics will be included in the Program: first time home buying, deferred compensation plans, defined benefit pensions, Social Security, Medicare, insurance (e.g., automobile, home, health, life), credit scoring, retirement planning, financing higher education, estate planning, banking, tax planning, fraud awareness, and consumer protection.
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| 1. Provide a list of all other financial literacy-related topics offered by the Proposer.
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| 1. Identify course format, and whether the courses will include video, audio, text, and question and answer options. Describe course interactive functionality. Provide the reading level at which the course material is written (e.g., eighth grade reading level).
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| 1. Will the Program require additional plug-ins or add-ons for web browsers?
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| 1. Describe how the Proposer will structure Program courses to facilitate user learning (e.g., pre-test that guides course selection, ability to save course progress), including how users select and navigate courses.
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| 1. Will the Program offer help files and on-screen tips for users?
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| 1. What is the average number of minutes it takes to complete a Program course?
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| 1. Describe how the Program is designed to keep users engaged with the Program and encourages users to take additional courses.
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| 1. Describe what additional reference materials (e.g., tip sheets, calculators, checklists), if any, will be available to users and how they will be accessed.
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| 1. Do you provide Spanish language versions of Program manuals/user guides?
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| 1. Provide a sample implementation plan and schedule through “Go Live” for the Program, detailing the implementation activities to be completed along with anticipated timeframes.
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| 1. Describe a recent deployment by the Proposer of the Program with a public sector client. Describe the types of modifications that Proposer made to tailor the Program to the client’s requirements. Describe any delays in deployment of the Program and how they were resolved. Describe how the Proposer managed the implementation of the project and engaged with various stakeholders. Indicate the number of participants who engaged with the Program after Go-Live and the subsequent growth thereafter. Describe the challenges and successes that were experienced during the implementation and what lessons were learned from it.
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| 1. Indicate the number of public sector entities that the Proposer has assisted with marketing financial literacy programs to their target audience.
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| 1. Confirm which, if any, of the following Preferred Program features will be provided. Note: the number of desirable features met will impact your score for this question.
	* 1. Personalized education plans based on initial financial knowledge assessment;
		2. Interactive financial exercises;
		3. Certificates generated upon course completion;
		4. Monthly challenges to encourage user engagement and frequent visits to the Program;
		5. Educational content (e.g., exercises, articles, videos) tailored specifically to individual user needs and career stages.
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| 1. Describe what attributes or features distinguish your Program from competitors’ programs.

Note: This question is for informational purposes; the Proposer’s answer will not be scored. |
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| 1. Does the Program provide users with the option to complete its courses in other languages (e.g., Spanish, French)? If so, identify the languages offered.

Note: This question is for informational purposes and the Proposer’s answer will not be scored. NYSLRS is not seeking to have the Proposer modify its Program for an additional cost but rather identify whether the Program’s courses are available in other languages as part of the standard solution offered. When completing the Cost proposal, Proposers should follow the format provided and not provide optional costs for translating courses into other languages. |
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1. **Reporting**

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| 1. Can the Program measure a user’s financial knowledge after completing Program modules?
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| 1. Describe the aggregate and individual user data points reported by the Program’s online analytics and reporting tool. Confirm which, if any, of the following data points will be provided and any others the Proposer might offer. Note: the number of data points listed will impact your score for this question.
2. A baseline of a user’s financial knowledge;
3. The number of users enrolled in the Program;
4. The number and types of modules completed by all users;
5. Users’ ability to articulate their financial goals;
6. Users’ ability to set a budget;
7. The number of users reporting participation in either deferred compensation, ABLE, or 529 accounts;
8. The existence of household savings (and any increase over time);
9. The existence of emergency savings (and any increase over time);
10. Decrease in personal debt, in particular on credit cards;
11. Improvements in users’ understanding of estate planning, securing a mortgage, and insurance programs; and
12. The aggregate financial stress level of all users.
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| 1. Describe the Program’s ability to identify behaviors or trends to improve programming and/or funding decisions. Identify which, if any, of the following measured outcomes will be provided. Note: the number of measured outcomes will impact your score for this question.
2. Number of course registrations,
3. Most popular courses by number of views,
4. Course participation,
5. Course completion,
6. Return login rate,
7. Page views per visit,
8. Average time per visit, and
9. Course knowledge gain.
 |
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1. **Maintenance and Support**

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| 1. Describe the technical support available to users and to NYSLRS, including what support is available, when and from where that support will be provided (CONUS, OCONUS), what modes of access are available (e.g., email, chat, phone) and whether a central point of contact is offered to NYSLRS to escalate technical issues. NYSLRS prefers that the selected Proposer offer user support during normal NYSLRS business hours (Monday through Friday between 8:00 am and 5:00 pm Eastern Time, excluding New York State holidays).
 |
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| 1. Describe the Proposer’s process for receiving, responding to, and escalating NYSLRS reported problem or incident reports. Include the following in the response:
	1. The communication options available for reporting problems (e.g., email, portal, telephone),
	2. How long after an issue has been reported will notice be sent to the client acknowledging receipt (e.g., one hour, 12 hours),
	3. Whether and how reports are categorized based on the severity of the issue and triaged to the appropriate technical team to address,
	4. Whether the Proposer will provide an estimated time to resolve the issue,
	5. Whether the Proposer will provide updates on the issue if requested, and
	6. Whether and how clients are notified when an issue is resolved.
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| 1. Provide the Program’s % uptime. A higher % uptime will receive more technical points when scored.
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| 1. Describe what service credits or other compensation will be provided to NYSLRS in the event the Program does not meet the stated % uptime.
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| 1. Describe what scheduled maintenance will generally be performed on the Program annually, including when the scheduled maintenance will take place (e.g., after 8 pm on weekends), how often it will occur, and how long the Program will be offline in each instance and overall.
 |
|  |

1. **Data Security and Confidentiality**

The following responses will not be scored but will help NYSLRS verify that the conditionally awarded Proposer’s security measures, processes, standards, and policies (and those of its Processors) sufficiently align with the security standards required by OSC and as required by applicable law and regulation.

|  |
| --- |
| 1. Identify Proposer’s security framework.
2. State whether, upon notice of conditional award, Proposer will provide NYSLRS with a third-party assessment and/or certification that its systems and applications are in compliance with the identified framework. If not, identify how Proposer will verify, to NYSLRS’s satisfaction, its compliance with such standards and protections.
3. State whether the Proposer will provide vulnerability test results to NYSLRS upon request, to confirm the effectiveness of such security measures. If not, identify how Proposer will verify, to NYSLRS’s satisfaction, the effectiveness of its security measures.
4. State whether the Proposer will provide to the OSC Chief Information Security Officer, if requested, the following documentation on the systems that will access Confidential Information: (i) penetration test report (which may be redacted to ensure confidentiality of the technical details of the flaws in the system under test) showing the testing methodology used for performing the testing, including the information-gathering steps; vulnerability scanning completed; system compromise; and escalation of privilege steps; (ii) a timeline for remediation of any issues identified in the report; and (iii) a timeline for other penetration-testing activity until the next bi-annual review. If not, identify how Proposer will verify, to NYSLRS’s satisfaction, the security of its system from external actors.
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| 1. List Proposer’s anticipated Processors for these Services.
	1. Describe Proposer’s due diligence process and documentation Proposer requires (or will require prior to providing any of the Services) from its Processors.
	2. Identify how Proposer will ensure that the security requirements set forth in the RFP flow down to its Processors.
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| 1. Describe the protections Proposer has or will put in place to safeguard Confidential Information. For example:
	1. Unique user log in and password;
	2. Multi-factor authentication;
	3. Separation of job duties;
	4. Vendor and third-party service provider management protocols;
	5. Incident response procedures;
	6. Data encryption standards and application (at rest, in transit);
	7. Physical security features, including building access restrictions and workstation security controls such as locked USB ports or restricted internet access;
	8. Training for staff on security practices and expectations; and
	9. Routine compliance audits.
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| 1. Identify whether the Proposer will inform NYSLRS as to whether the Proposer (or its Processors) has experienced a breach of the security of its systems in the last five years.
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| 1. NYSLRS prefers that all systems and individuals that access Confidential Information be physically located within CONUS, including any customer service representatives and support staff.
	1. If all systems and individuals that will access Confidential Information will be within CONUS, so state.
	2. If any systems and individuals that access Confidential Information will not be within CONUS, identify the systems and job duties or role of the individuals and state where they are located.
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| 1. Describe what training Proposer provides to its employees and others who will access Confidential Information.
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| 1. Identify whether the Proposer will provide NYSLRS with information regarding its cybersecurity insurance coverage. If not, identify how the Proposer might verify to NYSLRS that it has the financial resources to respond to a security incident.
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# ATTACHMENT E

## COST PROPOSAL

Attachment E is provided as a separate MS Excel file on OSC’s website: <https://www.osc.ny.gov/procurement>.

# ATTACHMENT F

## REFERENCES

**Submit THREE references (Section 7.2.F) using this form. The references must support that the Proposer meets Minimum Qualification #3.1.B (see Section 3.0 Minimum Qualifications to Propose).**

**Expand fields as necessary.**

|  |
| --- |
| **RFP 0001 – ONLINE FINANCIAL LITERACY PROGRAM** |
| **PROPOSER:** |  |
| **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:** |  |
| **Number of years Proposer provided services to this entity:** |  |
| **Brief description of the services provided:** |  |
| **Reference Company #2:** |  |
| **Contact Person:** |  |
| **Address:** |  |
| **City, State, Zip:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Number of years Proposer provided services to this entity:** |  |
| **Brief description of the services provided:** |  |
| **Reference Company #3:** |  |
| **Contact Person:** |  |
| **Address:** |  |
| **City, State, Zip:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Number of years Proposer provided services to this entity:** |  |
| **Brief description of the services provided:** |  |

**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 N/A% WBE N/A %** |
| **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**

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

**INSTRUCTIONS FOR COMPLETING CONTRACTOR’S EEO STAFFING PLAN OF ANTICIPATED WORKFORCE FORM**

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

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| **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**

|  |
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| **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 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,” please 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 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

**APPENDIX G**

**OSC CONSULTANT DISCLOSURE REPORTING REQUIREMENTS**

**Contractor Instructions**

**Background:**

Pursuant to New York State Finance Law Section 163(4)(g), State agencies must require all contractors, including subcontractors, that provide consulting services for State purposes pursuant to a contract to submit an annual employment report for each such contract. The report must include for each employment category within the contract: (i) the number of employees employed to provide services under the contract, (ii) the number of hours they work, and (iii) their total compensation under the contract. Consulting services are defined as analysis, evaluation, research, training, data processing, computer programming, engineering, environmental, health, and mental health services, accounting, auditing, paralegal, legal, or similar services.

Contractors selected for award on the basis of a procurement issued by OSC (Request for Proposals, Request for Quotations, Mini-Bid, or Invitation for Bids) must complete **Form A, State Consultant Services – Contractor’s Planned Employment,** upon notification of award. The completed **Form A** must include information for all employees that will be providing services under the contract, whether employed by the contractor or by a subcontractor.

Contractors selected for award are also required to complete **Form B, State Consultant Services Contractor’s Annual Employment Report,** annually for each year of the contract term, on a State fiscal year basis. The first report is due May 15 for the period April 1 through March 31 of the most recently concluded State fiscal year or portion thereof.

Form A must be submitted to OSC as the contracting agency. Form B must be submitted to OSC (as the contracting agency), the Department of Civil Service, and the Consultant Reporting Section of the Bureau of Contracts at OSC, at the addresses provided in these instructions.

**Instructions:**

**Form A: State Consultant Services – Contractor’s Planned Employment**

Upon notification of contract award,complete Form A, attached to these instructions, to reportthe necessary planned employment information prospectively from the start date through the end of the contract term. This is a one-time reporting requirement.

CompleteForm A for contracts for consulting services in accordance with the following:

* **Employment category:** the specific occupation(s), as listed in the O\*NET occupational classification system, which best describe the employees anticipated to be providing services under the contract. (Note: The O\*NET database is available through the US Department of Labor’s Employment and Training Administration website at https://www.onetonline.org.)
* **Number of employees:** the total number of employees in the employment category anticipated to provide services under the contract, including part-time employees and employees of subcontractors.
* **Number of hours to be worked:** the total number of hours anticipated be worked by the employees in the employment category.
* **Amount payable under the contract:** the total amount payable by the State to the Contractor under the contract, for work by the employees in the employment category, for services to be provided during the contract term.

**Submit completed Form A to OSC within 48 hours of notification of selection for award at the address listed below.**

**Form B: State Consultant Services Contractor’s Annual Employment Report**

Use Form B, attached to these Instructions, to report annual employment information. This form captures historical information, detailing actual employment data for the most recently concluded State fiscal year (April 1 – March 31). Submit Form B to OSC (as the contracting agency), the Department of Civil Service, and to the Consultant Reporting Section of the Bureau of Contracts at OSC at the addresses listed below.

Complete Form B for contracts for consulting services in accordance with the following:

* **Scope of Contract:** a general classification of the single category that best fits the predominate nature of the services provided under the contract.
* **Employment Category:** the specific occupation(s), as listed in the O\*NET occupational classification system, which best describe the employees providing services under the contract. (Note: The O\*NET database is available through the US Department of Labor’s Employment and Training Administration website at https://www.onetonline.org.)
* **Number of Employees:** the total number of employees in the employment category employed that provided services under the contract during the Report Period, including part-time employees and employees of subcontractors.
* **Number of hours worked:** the total number of hours worked during the Report Period by the employees in the employment category.
* **Amount Payable under the Contract:** the total amount paid or payable by the State to the Contractor under the contract, for work by the employees in the employment category, for services provided during the Report Period.

**Submit the completed Form B by May 15 for the period April 1 through March 31, and annually by May 15th thereafter for each State fiscal year (or portion thereof) the contract is in effect, as follows:**

**To OSC (as the contracting agency):**

By mail: Bureau of Finance

 Office of the State Comptroller

 110 State Street, Stop 13-2

 Albany, NY 12236-0001

By email: rfp@osc.state.ny.us

**To the Bureau of Contracts:**

By mail: Bureau of Contracts

NYS Office of the State Comptroller

 110 State Street, 11th Floor

Albany, NY 12236

Attn: Consultant Reporting

By email: CDMOST@osc.ny.gov

**To Department of Civil Service:**

By mail: NYS Department of Civil Service

 Alfred E. Smith Office Building

 Albany, NY 12239

 Attn: Executive Office

By email: SubmitformB@cs.ny.gov

|  |
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| **FORM A** |
| New York State Consultant Services**Contractor's Planned Employment** |
| From Contract Start Date Through the End of the Contract Term |
|  |  |  |  |  |  |  |  |  |
| State Agency Name: **Office of the State Comptroller** |  |
| State Agency Department ID: 3050000 | Agency Business Unit: OSC01 |
| Contractor Name:       | Contract Number:       |
| Contract Start Date:   /  /     | Contract End Date:   /  /     |
|  |  |  |  |  |  |  |  |  |
| **Employment Category** | **Number of Employees** | **Number of hours to be worked** | **Amount Payable Under the Contract** |
|  |  |  |  |
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| **FORM B** |
| New York State Consultant Services**Contractor’s Annual Employment Report** |
| Report Period: April 1,      to March 31,      |
|  |  |  |  |  |  |  |  |  |
| Contracting State Agency Name: **Office of the State Comptroller** |  |
| Contract Number:       | Agency Business Unit: OSC01 |
| Contract Term:   /  /     to   /  /     | Agency Department ID: 3050000 |
| Contractor Name:       |  |
| Contractor Address:       |  |
| Description of Services Being Provided:       |
| **Scope of Contract (Choose one that best fits):** |
| [ ]  Analysis [ ]  Evaluation [ ]  Research [ ]  Training |
| [ ]  Data Processing [ ]  Computer Programming [ ]  Other IT consulting |
| [ ]  Engineering [ ]  Architect Services [ ]  Surveying [ ]  Environmental Services |
| [ ]  Health Services [ ]  Mental Health Services |
| [ ]  Accounting [ ]  Auditing [ ]  Paralegal [ ]  Legal [ ]  Other Consulting |
|  |
| **Employment Category** | **Number of Employees** | **Number of** **Hours Worked** | **Amount Payable Under the Contract** |
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