



# Corrections and Community Supervision

## REQUEST FOR APPLICATION (RFA 2018-02) Visitor Hospitality Centers

March 2018

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## Attachments

- A. Work Plan
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- C. Program Specific Questions (uploaded document)
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- I. NYS DOCCS Facilities and Regional Map
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## **I. PURPOSE**

The New York State Department of Corrections and Community Supervision (hereafter “DOCCS” or “the department”) seeks proposals from bidders interested in providing hospitality services to men, women and children who travel to a correctional facility to see family members and/or friends. While waiting to be processed for admission to the facility visiting room, the visitors wait in a separate building located in the vicinity of the prison entrance (hereafter the “hospitality center”). The hospitality center provides the means for visitors to be protected from inclement weather and offers restrooms and seating for their comfort. There are 32 correctional facilities in New York State with visitor hospitality centers (Attachment J). A map showing the location of the facilities is included (Attachment I).

The goal of this solicitation is to procure contractors to provide hospitality services in one or more designated hospitality centers on the grounds of 32 of New York State correctional facilities. Hospitality service includes greeting the visitors who arrive for visiting, assisting them to sign in, inviting them to utilize the waiting area and rest rooms, answering questions, recording data regarding the number of visitors, etc. Additional duties may include, but are not limited to, opening and closing the building, straightening up the hospitality room, communicating information to facility staff, etc.

Historically, hospitality services started many years ago when local church and community members reached out to women and children who sometimes arrived at the prisons and had to wait outside until the facilities opened. Then, in 1984, the Department reinforced its philosophy of promoting opportunities for offenders to maintain contact with their families by formalizing the hospitality centers and expanding the number of centers. For visitors travelling long distances during the night, often on a bus and with children, waiting outside until the facility opened made winter visits very difficult. The development of the hospitality centers made year-round visiting safer and more feasible.

The Department is committed to pursuing partnerships with community and faith-based organizations for the operation of the hospitality centers. This partnership is integral to many communities where the correctional facilities are a significant, and sometimes the largest employer in the area. By providing hospitality services, an organization helps both the visitors and the correctional facility which is the source of significant economic benefit to the community.

The Department believes that the hospitality centers help offenders and their families to maintain ties. Maintaining family contact is a critical factor in an offender’s rehabilitation and visits help promote successful family reunification when the offender is released from custody. Family contact also benefits the spouses and children who are affected by the loss of the offender’s role in the family home. Most offenders will be returning home and successful family and community reintegration is crucial to help reduce recidivism.

The contract term will be July 1, 2018 through June 30, 2023.

DOCCS seeks to establish Visitor Hospitality Centers at the following facilities:

	Facility	County	Security Level	Male /Female
1	Adirondack	Essex	Medium	Male
2	Albion	Orleans	Medium	Female
3	Altona	Clinton	Medium	Male
4	Attica	Wyoming	Maximum	Male
5	Auburn	Cayuga	Maximum	Male
6	Bare Hill	Franklin	Medium	Male
7	Bedford Hills	Westchester	Maximum	Female
8	Cape Vincent	Jefferson	Medium	Male
9	Cayuga	Cayuga	Medium	Male
10a	Clinton Annex	Clinton	Maximum	Male
10b	Clinton Main	Clinton	Maximum	Male
11	Coxsackie	Greene	Maximum	Male
12	Elmira	Chemung	Maximum	Male
13	Franklin	Franklin	Medium	Male
14	Greene	Greene	Medium	Male
15	Gouverneur	St. Lawrence	Medium	Male
16	Groveland	Livingston	Medium	Male
17	Hale Creek	Fulton	Medium	Male
18	Hudson	Columbia	Medium	Male & Female
19	Lakeview	Chautauqua	Minimum	Male & Female
20	Livingston	Livingston	Medium	Male
21	Marcy	Oneida	Medium	Male
22	Mid-State	Oneida	Medium	Male
23	Mohawk	Oneida	Medium	Male
24	Ogdensburg	St. Lawrence	Medium	Male
25	Orleans	Orleans	Medium	Male
26	Riverview	St. Lawrence	Medium	Male
27	Sing Sing	Westchester	Maximum	Male
28	Upstate	Franklin	Maximum	Male
29	Washington	Washington	Medium	Male
30	Watertown	Jefferson	Medium	Male
31	Wende	Erie	Maximum	Male
32	Wyoming	Wyoming	Medium	Male

The Visitor Hospitality Centers are located in the following DOCCS Hubs:

HUB	FACILITY and COUNTY
Clinton	Adirondack (Essex) Altona (Clinton) Bare Hill (Franklin) Clinton (Clinton) Franklin (Franklin) Upstate (Franklin)
Elmira	Auburn (Cayuga) Cayuga (Cayuga) Elmira (Chemung)
Great Meadow	Coxsackie (Greene) Greene (Greene) Hudson (Columbia) Washington (Washington)
Green Haven	Bedford Hills (Westchester) Sing Sing (Westchester)
Oneida	Hale Creek (Fulton) Marcy (Oneida) Mid-State (Oneida) Mohawk (Oneida)
Watertown	Cape Vincent (Jefferson) Gouverneur (St. Lawrence) Ogdensburg (St. Lawrence) Riverview (St. Lawrence) Watertown (Jefferson)
Wende	Albion (Orleans) Attica (Wyoming) Groveland (Livingston) Lakeview (Chautauga) Livingston (Livingston) Orleans (Orleans) Wende (Erie) Wyoming (Wyoming)

Specific facilities along with the hours of operations and days of coverage are located in Attachment J.

Use the Visitor Center designations on Page 3 (#1-32) to respond to Question 1a in the Application Program Specific Questions. The application evaluation criteria are detailed in Section X, *Evaluation Process*:

- **Only one program site is allowed per application.**
- **Separate applications must be submitted for each location.**

## II. BACKGROUND AND DEMOGRAPHIC PROFILE

DOCCS is a criminal justice agency responsible for continuum of care from the moment an offender enters the correctional system until he or she successfully completes the required period of community supervision. Release from incarceration may occur by discretionary action of the Parole Board, by statutory release based on “good time” credit (conditional release), or, in the case of determinate sentences, release to post-release supervision.

The Mission of DOCCS is

*“To improve public safety by providing a continuity of appropriate treatment services in safe and secure facilities where all inmates' needs are addressed and they are prepared for release, followed by supportive services for all parolees under community supervision to facilitate a successful completion of their sentence.”*

### Vision

*Enhance public safety by having incarcerated persons return home under supportive supervision less likely to revert to criminal behavior.*

### Goals

- Create and maintain an atmosphere where all inmates, parolees, staff, volunteers and visitors feel secure.*
- Develop and implement individualized treatment plans for each inmate and parolee that includes post release reentry plans.*
- Teach inmates and parolees the need for discipline and respect, and the importance of developing a principled work ethic.*
- Establish a risks/needs/responsivity approach to programming, treatment, and community supervision to ensure a continuity of services.*
- Assist all staff by providing the requisite training and resources needed to perform their duties while enhancing their skills.*
- Offer career development opportunities for all staff.*
- Ensure workforce stability through mentoring and succession planning.*

## Values

- *Operate with ethical behavior.*
- *Recognize the value of each person.*
- *Protect human dignity.*
- *Offer leadership and support to all.*
- *Offer respect and structure at all times.*

As of January 1, 2016, there were 52,344 inmates under custody.

- 95% were male and 5% (2,443) were female
- the average age was 38 years old
- 3% (1,679) were under 21 years old
- 49% were African-American, while just under a quarter were Hispanic and another quarter identified as White; 47% of the female population was White compared to 24% of the male population.
- 43% were committed from New York City and 11% were committed from suburban New York (Nassau, Rockland, Suffolk, and Westchester counties); 26% were committed from Upstate counties with a population center of 50,000 inhabitants or more (Albany, Broome, Erie, Monroe, Oneida, Onondaga, Niagara, Rensselaer, and Schenectady counties); the remaining 20% were sentenced from the other Upstate counties.
- 60% reported that they had at least one living child at the time of admission to the Department
- 85% reported affiliation with a recognized religion: 26% were Protestant, 22% were Catholic, 11% were Islamic, 27% reported another faith, and 15% did not report affiliation with a religious faith
- 5% (2,417) reported as verified veterans.

### **III. WORK PLAN**

The required Work Plan is included as Attachment A to the RFA **and** included in the Attachment A-1 on the Grants Gateway.

Please review Attachment C carefully and address all corresponding questions in the *Program-Specific Questions*, in the Grants Gateway. Responses should reflect an understanding of the terms and conditions in Attachment A, Work Plan.

#### IV. REQUIREMENTS

Applications must demonstrate the following:

1. The bidder can provide the services as described in *Attachment A, Work Plan*, in a manner that best meets the needs and operation of DOCCS.
2. The program will start on July 1, 2018, contingent on OSC approval of the resulting contract.
3. The bidder's background and experience qualifies them to provide these services and that they have the fiscal integrity and organizational structure to support this undertaking.
4. The bidder will comply with all standards and appropriate regulations governing contracts with the State of New York.
5. M/WBE Compliance: (Attachment E) The contractor is willing to make good faith efforts to promote the use of M/WBEs and work with DOCCS to achieve M/WBE goals established by this agency - M/WBE Program relative to subcontracting or purchasing of supplies from Minority and Women-Owned Business and as a condition of this procurement, the Grantee and DOCCS agree to be bound by the provisions of §316 of Article 15-A of the New York State Executive Law regarding enforcement as stated below:

Subject to the requirements of Article 15-A of the Executive Law, DOCCS has established MBE (minority-business enterprises) goals of zero (0) percent, and zero (0) percent participation for WBE (women-owned business enterprises) of the dollar value of this agreement by certified M/WBEs as subcontractors and suppliers on this project for the provisions of services and materials. Note that percentages may vary according to M/WBE availability and the type of service or commodity DOCCS contracts in certain areas of the state.

In accordance with Section 312 of Executive Law: Article 15-A, EEO (Equal Employment Opportunity) regulations mandate that all contractors and/or subcontractors as a precondition to entering into a valid and binding State contract shall agree: not to discriminate against any employee or bidder for employment because of race, creed, color, national origin, sex, age, disability or marital status, and will undertake or continue existing programs of affirmative action. The contractor and/or subcontractor shall also submit Form EEO-100, *Staffing Plan*, (Attachment E) illustrating the anticipated workforce to be utilized on the contract, and an *EEO Policy Statement* (Attachment E). After the contract is awarded, quarterly compliance reports will be requested from the contractor. Quarterly report forms will be supplied to the Grantee by DOCCS' M/WBE liaison. Applicants can download the *EEO Policy Statement* and the *Staffing Plan* from the *Pre-Submission Uploads* page in the Gateway. Complete

the forms, and upload the completed forms to the same location of the *Pre-Submission Uploads* page.

Selected bidders should be prepared to submit Form M/WBE 100, *Utilization Plan*, which meets the goal requirements above within seven (7) business days after date of notification by DOCCS. DOCCS' M/WBE liaison can assist the bidders in identifying certified M/WBE firms within the bidders' geographic areas. For more information on M/WBE, or to locate New York State Certified M/WBEs, access the directory at: [www.esd.ny.gov/MWBE.html](http://www.esd.ny.gov/MWBE.html)

## **6. DIVERSITY PRACTICES**

DOCCS has determined, pursuant to New York State Executive Law Article 15-A, that the assessment of the diversity practices of respondents to this procurement is practical, feasible, and appropriate. Diversity practices are the efforts of contractors to include New York State-certified Minority and Women-owned Business Enterprises ("M/WBEs") in their business practices. Diversity practices may include past, present, or future actions and policies, and include activities of contractors on contracts with private entities and governmental units other than the State of New York. Assessing the diversity practices of contractors enables contractors to engage in meaningful, capacity-building collaborations with M/WBEs.

Applicants for this Grant Opportunity are required to include as part of the technical application response to this procurement, as described in this RFA herein, the completed *Diversity Practices Questionnaire* as provided by the Division of Minority and Women's Business Development. Refer to the instructions on the *Pre-Submission Uploads* page in the Grants Gateway by downloading the *Diversity Practices Questionnaire*, completing the questionnaire, signing, having the signature notarized. Upload the completed, signed and notarized document to the corresponding area on the *Pre-Submission Uploads* page. In addition, applicants must complete the questions in the Grants Gateway included in the *Program-Specific Questions*.

## **7. SERVICE-DISABLED VETERAN-OWNED BUSINESS (SDVOB)**

Article 17-B of the Executive Law enacted in 2014 acknowledges that Service-Disabled Veteran-Owned Businesses (SDVOBs) strongly contribute to the economies of the State and the nation. As defenders of our nation and in recognition of their economic activity in doing business in New York State, bidders/proposers for this contract for commodities, services or technology are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles. SDVOBs can be readily identified on the directory of certified businesses at [http://ogs.ny.gov/Core/docs/CertifiedNYS\\_SDVOB.pdf](http://ogs.ny.gov/Core/docs/CertifiedNYS_SDVOB.pdf).

For purposes of this procurement, the DOCCS hereby establishes an overall goal of zero (0) percent for SDVOB participation based on the current availability of qualified SDVOBs. Bidders/proposers need to be aware that all authorized users of this contract will be strongly encouraged to the maximum extent practical and consistent with legal requirements of the State Finance Law and the Executive Law to use responsible and responsive SDVOBs in purchasing and utilizing commodities, services and technology that are of equal quality and functionality to those that may be obtained from non-SDVOBs. Furthermore, bidders/proposers are reminded that they must continue to utilize small, minority and women-owned businesses consistent with current State law. Utilizing SDVOBs in State contracts will help create more private sector jobs, rebuild New York State's infrastructure, and maximize economic activity to the mutual benefit of the contractor and its SDVOB partners. SDVOBs will promote the contractor's optimal performance under the contract, thereby fully benefiting the public sector programs that are supported by associated public procurements.

Public procurements can drive and improve the State's economic engine through promotion of the use of SDVOBs by its contractors. The State, therefore, expects bidders/proposers to provide maximum assistance to SDVOBs in their contract performance. The potential participation by all kinds of SDVOBs will deliver great value to the State and its taxpayers.

## **8. PRISON RAPE ELIMINATION ACT (PREA)**

The Department of Corrections and Community Supervision (DOCCS) has zero tolerance for sexual abuse and sexual harassment. Sexual abuse and sexual harassment violate Department rules and threaten security. All reports of sexual abuse, sexual harassment, and retaliation against an inmate, parolee or staff member for reporting or taking part in an investigation of possible sexual abuse or harassment will be thoroughly investigated. Furthermore, DOCCS deals with any perpetrator of a sexual abuse incident, sexual harassment incident, act of staff voyeurism or relation through discipline and, where there is evidence that a crime was committed, through prosecution to the fullest extent permitted by law.

Any employee who receives a report of sexual abuse must immediately notify his or her supervisor and either the facility Watch Commander or Community Supervision Regional Director to ensure timely notification of the Office of Special Investigations, previously known as the Department's Office of the Inspector General. In addition, all of our employees are under a duty to report any allegation, knowledge, suspicion, or information regarding any sexual abuse or related misconduct.

## 9. EXECUTIVE ORDER 26 STATEWIDE LANGUAGE ACCESS (EO 26)

Applicants should review this executive order prior to responding. You may access the executive order on the Governor's Web site: [No.26 STATEWIDE LANGUAGE ACCESS POLICY](#) . In the event that translation/interpretation services are required for languages other than the Spanish language, the selected Contractor must agree to comply with any requests by DOCCS to provide documents or other assistance to allow for translation or interpretation to be conducted.

## 10. EXECUTIVE ORDER 38

Effective July 1, 2013, limitations on administrative expenses and executive compensation contained within Governor Cuomo's Executive Order #38 and related regulations published by the Department (Part 513 of 7 NYCRR – Limits on Administrative Expenses and Executive Compensation) went into effect. Applicants agree that all state funds dispersed under this procurement will, if applicable to them, be bound by the terms, conditions, obligations and regulations promulgated by the Department.

To provide assistance with compliance regarding Executive Order #38 and the related regulations, please refer to the Executive Order #38 website at: <http://executiveorder38.ny.gov>. This website may also be accessed from the DOCCS Web site at <http://www.doccs.ny.gov/>.

## V. FINANCIAL REQUIREMENTS

In the New York State Grants Gateway, please complete Attachment B-1 Expenditure Based Budget and the Budget Narrative Justification sections so that the completed budget provides the detailed funding required to support your proposed program annually. **Narrative justifications should properly reflect each line item of the expenditure budget detail sheets.** Please include any formulas used to calculate salaries, fringe benefits, non-personal service numbers, third-party revenue, indirect costs and all other funds.

Programs failing to submit a comprehensive budget proposal (including budget detail sheets, coinciding budget narratives and indirect cost calculation) will be disqualified. If bidder does not have indirect costs, clearly indicate **not applicable** on Attachment E1. Failure to do so will result in disqualification. (See Attachment B, Exhibit E1 for sample document). The fillable E-1, Indirect Costs, is located on the Pre-Submissions Upload page. Download the Excel document, complete the document as applicable or enter **not applicable** on the document. Upload the completed document to the same location on the Pre-Submission Uploads page.

Grantee will bill DOCCS bi-monthly for reimbursement of actual and necessary expenses for the previous 60-day period. All reimbursement claims should be submitted by the sixth (6<sup>th</sup>) calendar day of the following month and will be subject to future audit. DOCCS reserves the right to disallow any requests for reimbursement if it is determined that said costs are not either actual or necessary.

Not-for-profit providers can receive twenty-five percent (25%) of the annual budget as a cash advance; this cash advance is not considered “start-up costs.” All cash advances will be recouped between the 21<sup>st</sup> through the 23<sup>rd</sup> month of the contract term, or at any time in the event that the contract is terminated. Vouchers will attest to accuracy of reimbursement claims and include all information described in *Attachment A, Work Plan*, in the RFA and in *Attachment A-1* on the Gateway. At the end of each 12-month contract period, Contractors will be required to submit a Budget Modification for the previous year that includes all required budget line item adjustments.

Payment for invoices submitted by the Grantee shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner’s sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The Grantee shall comply with the OSC’s procedures to authorize electronic payments. Authorization forms are available at the OSC’s website at [www.osc.state.ny.us/epay/index.htm](http://www.osc.state.ny.us/epay/index.htm), by email at [epunit@osc.state.ny.us](mailto:epunit@osc.state.ny.us) or by telephone 518-474-4032. **Grantee acknowledges that it will not receive payment on any invoices submitted under this contract if it does not comply with the OSC’s electronic payment procedures, except where the Commissioner has expressly authorized by paper check as set forth above.**

**PRICE ADJUSTMENT:**

Price shall remain firm for the first two years. Thirty days prior to each anniversary date of the award, the Contractor may request a rate change (increase or decrease) based upon fluctuations in the latest published copy of the Consumer Price Index for all urban consumers as published by the U S. Department of Labor, Bureau of Labor Statistics, Washington, D.C. 20212. (**Specifically—Northeast Urban, Not Seasonally Adjusted, Services, Series ID: CUUR0100SAS**). The index is also available through the Internet at the US Bureau of Labor Statistics web site at [www.bls.gov](http://www.bls.gov).

If during the time the Price Adjustment is requested, and the above series ID is discontinued or not available, the State reserves the right to implement another applicable index.

Price adjustments using the CPI involve changing the base payment by the percent change in the level of the CPI between the reference period and a subsequent time period. This is calculated by first determining the index point change between the two periods and then the percent change. The price adjustment shall be calculated as follows. Take the CPI for the 3<sup>rd</sup> month prior to the month of the start date of the awarded contract and subtract this figure from the CPI value for the 3<sup>rd</sup> month prior to the anniversary date of the awarded contract. (e.g.: If contract begins in June, use the March CPI) That sum is then divided by the CPI value for the original 3<sup>rd</sup> month prior to start date and this result is then multiplied by 100 to equal the percent change which is the price adjustment value. This percentage of increase or decrease shall be applied to the next contract year, effective on the anniversary date of the contract. No increase may exceed five percent. The following example illustrates the computation of percent change:

*Example (fictitious):*

CPI for current period	136.0
Less CPI for previous period	129.9
Equals index point change	6.1
Divided by previous period CPI	129.9
Equals	0.047
Result multiplied by 100	0.047 x 100
Equals percent change	4.7

The Contractor has the sole responsibility to submit invoices at the adjusted rate on the applicable anniversary date and shall provide a copy of the index and other supporting documentation necessary to support the increase or decrease to the Authorized User, as appropriate. Should the Contractor fail to submit adjusted invoices and/or supporting documentation within three (3) months after the applicable anniversary date, the Contractor shall be deemed to have waived its right to any increase in price for that year, but the State shall not be barred from making the appropriate adjustment in the case of a decrease determined in accordance with the above methodology.

## VI. LEGAL FORMS (ATTACHMENT G)

### A. ALL providers should complete the following forms:

#### 1. Vendor Responsibility Questionnaire

DOCCS recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at [www.osc.state.ny.us/vendrep/vendor\\_index.htm](http://www.osc.state.ny.us/vendrep/vendor_index.htm) or go directly to the VendRep System online at <https://portal.osc.state.ny.us>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the OSC's Help Desk at 866-370-4672 or 518-408-4672 or by email at [ITServiceDesk@osc.state.ny.us](mailto:ITServiceDesk@osc.state.ny.us).

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website [http://osc.state.ny.us/vendrep/forms\\_vendor.htm](http://osc.state.ny.us/vendrep/forms_vendor.htm) or may contact DOCCS for a copy of the paper form.

## 2. Non-Disclosure Agreement

DOCCS requires providers to review and sign the Non-Disclosure Agreement. This Agreement sets forth the terms and conditions under which provider will treat NYS DOCCS information (Attachment F). Applicants should upload the completed and signed agreement to the *Pre-Submission Uploads* page.

## 3. Grants Gateway Prequalification

All applicants must be registered in the Grants Gateway and not-for-profit organizations **must be prequalified at the time and date that the application is due**. DOCCS will not consider applications received from not-for-profit applicants that are not prequalified in the Grants Gateway by the application due date and time listed in Section XI cannot be considered.

For more information about Grants Gateway and Prequalification, please visit the Grants Gateway Web site at: <http://www.grantsreform.ny.gov/Grantees> or contact the Grants Reform Team at: [grantsreform@its.ny.gov](mailto:grantsreform@its.ny.gov). The Grants Reform help desk/hotline can be reached at (518) 474-5595.

### **B. For-profit Providers ONLY should complete the following forms:**

Compliance with State Finance Law §139j and §139k\* New York State Finance Law §139-k(5) requires that every Procurement Contract award subject to the provisions of State Finance Law §§139-k or 139-j shall contain a certification by the Contractor that all information provided to the DOCCS with respect to State Finance Law §139-k is complete, true and accurate. State Finance Law §§139-j and 139-k, also imposes certain restrictions on communications between the DOCCS and Contractors during the procurement process. Potential Contractors are restricted from making contacts from the earliest notice of intent to solicit offers pursuant to the "Request for Application (RFA)" through final award and approval of the Procurement Contract by DOCCS and, if applicable, Office of the OSC ("restricted period") to other than designated

staff unless it is a contact that is included among certain statutory exceptions set forth in State Finance Law §139-j(3)(a).

Please note that during the RFA process DOCCS is required to determine the responsibility of “the proposed Contractors/Providers.” Certain findings of non-responsibility can result in rejection for contract award and in the event of two such findings within a four-year period during which the Contractor will be debarred from obtaining governmental Procurement Contracts.

In addition, New York State Finance Law §139-k(2) obligates DOCCS to obtain specific information regarding prior non-responsibility determinations with respect to State Finance Law §139-j. This information must be collected in addition to the information that is separately obtained pursuant to State Finance Law §163(9). In accordance with State Finance Law §139-k, potential Contractor must be asked to disclose if there has been a finding of non-responsibility made within the previous four (4) years by the Department due to: (a) a violation of State Finance to DOCCS. The terms “Offerer” and “Governmental Entity” are defined in State Finance Law § 139-k(1). State Finance Law §139-j sets forth detailed requirements about the restrictions on contacts during the procurement process. A violation of State Finance Law §139-j includes, but is not limited to, an impermissible contact during the restricted period (for example, contacting a person or entity other than the designated contact person, when such contact does not fall within one of the exemptions).

As part of its responsibility determination, State Finance Law §139-k(3) mandates consideration of whether a Contractor fails to timely disclose accurate or complete information regarding the above non-responsibility determination. In accordance with law, no Procurement Contract shall be awarded to any Contractor that fails to timely disclose accurate or complete information under this section, unless a finding is made that the award of the Procurement Contract to the Contractor is necessary to protect public property or public health safety, and that the Contractor is the only source capable of supplying the required Article of Procurement within the necessary timeframe.

DOCCS must obtain the required certifications that the information in your application is complete, true and accurate and if any prior findings of non-responsibility, such as non-responsibility pursuant to State Finance Law §139-j exist.

**\*All For-Profit providers submitting an application pursuant to this RFA must upload the completed Procurement Lobbying Certification with their applications. Please download the form from the *Pre-Submission Upload* page in the Gateway application. Upload the completed form to the same location.**

**C. Other legal forms that all applicants should complete and upload to the application or at the time of tentative award.**

1. All Insurance Requirements including Workers' Compensation NYS Disability Insurance are detailed in RFA 2018-02, Attachment F, Legal Forms, and in Attachment D, Insurance Requirements.

Applicants who receive awards will be required to upload proof of any required insurance coverage including liability insurance coverage as provided in Attachment D.

**2. Sales and Compensating Use Tax Certification Requirements**

New York State Tax Law § 5-a, as amended on April 26, 2006, requires certain contractors who are awarded state contracts for commodities and/or services valued at more than \$100,000 (over the full term of the contract, excluding renewals) to certify to the Department of Taxation and Finance (DTF) they are registered to collect New York State (NYS) and local sales and compensating use taxes. The law applies to contracts where the total amount of the contractor's sales delivered into NYS exceed \$300,000 for the four quarterly periods immediately preceding the quarterly period when the certification is made; and with respect to any affiliates and subcontractors whose sales delivered into NYS also exceed \$300,000 in the same manner as noted above for the contractor.

Complete Form ST-220-CA Contractor Certification. The Contractor must file Form ST-220-CA to certify that it has filed Form ST-220-TD with the Tax Department and that the information contained on Form ST-220-TD is correct and complete as of the date that the Contractor files Form ST-220-CA. Access and complete Form ST-220-CA by using the following link: [http://www.tax.ny.gov/pdf/current\\_forms/st/st220ca\\_fill\\_in.pdf](http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf) Upload the signed, notarized, and completed form to the Pre-Submissions Upload page Please note that Form ST-220-TD must be filed with the NYS Tax Department at the address on the front page of the form. You can access Form ST-220-TD using the following link: [http://www.tax.ny.gov/pdf/current\\_forms/st/st220td\\_fill\\_in.pdf](http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf) For Questions and Answers Concerning Tax Law Section 5-a, go to NYS Department of Tax and Finance at <http://www.tax.ny.gov/pdf/publications/sales/pub223.pdf> .

### **3. Encouraging the Use of NYS Business**

In an ongoing effort to use New York State (NYS) businesses, DOCCS encourages bidders to partner with NYS subcontractors and/or suppliers. For this solicitation, bidders should identify the NYS businesses that they plan to use if awarded the contract resulting from this solicitation by completing the form entitled Encouraging Use of New York State Businesses in Contract Performance. If known, please identify the businesses and attach the requested information. Upload the completed form as part of your application on the Pre-Submissions Upload page. If you do not plan to partner with a NYS business, please indicate this on the form and return it with your proposal.

## **VII. PROGRAM FORMS**

Please review the forms included in Attachment G, Program Forms. The forms are referenced in Attachment A, Work Plan, and will be used for the resulting contracted programs. Please note that the forms are subject to updates.

## **VIII. STIPULATIONS**

1. Issuance of this RFA does not commit DOCCS to award a contract or to pay any costs involved in preparation of applications. All applications are submitted at the sole responsibility of the bidder.
2. Regarding this RFA process you may only contact the designated staff in the Contract Procurement Unit during the restricted period. Please submit queries to Linda Mitchell [linda.mitchell@doccs.ny.gov](mailto:linda.mitchell@doccs.ny.gov) or Frank Arpey at [frank.arpey@doccs.ny.gov](mailto:frank.arpey@doccs.ny.gov). Include RFA 2018-02 in the subject line.
3. DOCCS reserves the right to the following:
  1. At any time, amend RFA specifications to correct errors or oversights, and to supply additional information as it becomes available. All bidders should monitor the Grants Gateway, the NYS Contract Reporter and/or the NYS DOCCS Web site for any amendments, clarifications or additional information issued if applicable.
  2. Seek clarifications and revisions of applications.
  3. Change any of the scheduled dates stated herein.
  4. Disqualify applications that fail to meet mandatory requirements.
  5. Request any non-mandatory documents from bidder.
  6. Amend, modify, or withdraw this RFA at any time and without notice or liability to any bidder or other parties for expenses incurred in preparation of an application.
  7. Not to proceed with an award or withdraw any tentative awards made as a result of this Solicitation.

- 8.** Reject any and all applications received in response to the RFA.
- 9.** Make an award under the RFA in whole, or in part.
- 10.** Use application information obtained through site visits, management interviews and the State's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
- 11.** Prior to the bid opening, direct bidders to submit application modifications addressing subsequent RFA amendments.
- 12.** Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders.
- 13.** Waive any requirements that are not material.
- 14.** Negotiate with a successful bidder within the scope of the RFA in the best interests of the State.
- 15.** Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder.
- 16.** Utilize any and all ideas submitted in the applications received.
- 17.** Unless otherwise specified in the solicitation, every offer is firm and not revocable for a period of 180 days from the bid opening.
- 18.** Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's application and/or to determine an offerer's compliance with the requirements of the solicitation.

- D. The application must be signed by the individual designated as the signatory by the Chief Executive Officer of the organization and shall constitute a firm offer by the bidder for a minimum period of 180-days after application submission. The application shall serve as the basis for the contract with the successful bidder.
- E. Successful applicants will be required to assure compliance with certain provisions required by both state and federal Law. These include, but are not limited to, assurance of non-discrimination, affirmative action in hiring and provision of services, and the protection of client records as required by law and regulation. Applications from Minority and Women-Owned Enterprises are encouraged.
- G. Unsuccessful applicants will be notified in writing and will be offered an opportunity to be debriefed. A debriefing, if any, will be scheduled for all unsuccessful bidders upon request, at a date, time and location convenient to both DOCCS and the bidder concerned.

- I. Information regarding current contracts may be requested under the Freedom of Information Law (FOIL). FOIL requests should be submitted to DOCCS Records Access Officer. Specific filing information can be obtained at <http://www.doccs.ny.gov/DOCCSwebfoiform.aspx>. Information may be provided once the entire procurement process has been completed and formally approved by the appropriate state agencies.

Understanding that applicants may want portions of their submissions withheld from FOIL requests after a final contract has been approved, the Department will grant reasonable requests to withhold information pursuant to Public Officer's Law 87(2)(d). Applicants must provide a redacted version of the records they wish to be exempted from release, along with a detailed explanation of why the redaction should apply. Other exemptions, such as those protecting personal privacy or implicating safety and security will be applied without input from applicants, but any identification of possible exemptions is welcome.

- J. Any negotiated contract must conform to the laws of New York State and will be subject to approval by the Department of Law and the Office of the OSC. The contract will not be effective until approval has been granted by the Department of Law and the Office of the OSC.

- K. Information regarding the procurement procedure may be found on the webpage of the New York State Procurement Guidelines of the State Procurement Counsel at: <http://www.ogs.ny.gov/bu/pc/spc.asp> and Office of General Services Procurement Services webpage at: <http://ogs.ny.gov/BU/PC/>.

L. AGENCY TERMINATION

Convenience of DOCCS: The contract resulting from this RFA may be terminated at any time upon receipt of thirty (30) days prior written notice given by DOCCS for whatever reason.

If DOCCS, in its sole discretion, deems the Contractor's, or that of its officers, employees, subcontractors, agents, licensees, licensors, or affiliates, services are unsatisfactory, negligent or grossly negligent, DOCCS will send a written cure notice in accordance with the Notice provisions of the contract, and Contractor shall have thirty (30) days to correct the deficiencies noted. If the deficiencies are not corrected, DOCCS may terminate this contract immediately upon written notice.

Notwithstanding the foregoing, DOCCS reserves the right to terminate immediately for cause.

Deficient Certifications: If the awarded contract has a value greater than \$15,000, DOCCS shall have the right to terminate in the event the State Finance Law sections 139-j and 139-k certifications executed by the Contractor are found to be false or incomplete. If the contract has a value of greater than \$100,000 and Contractor's sales for the immediately preceding four quarters were greater than \$300,000, or if the contract has a value of \$125,000 or greater, DOCCS shall have the right to terminate in the event the successful bidder's Department of Taxation and Finance Contractor Certification Form, ST 220-CA, statements are found to be false or incomplete.

Lack of Funds: If for any reason the State of New York terminates or reduces its appropriations to DOCCS, the awarded contract may be terminated or reduced at DOCCS's discretion, provided that no such reduction or termination shall apply to allowable costs already incurred by the Contractor where funds are available to the DOCCS for payment of such costs. In any event, no liability shall be incurred by the State (including DOCCS) beyond monies available for the purposes of the awarded contract.

DOCCS may terminate the awarded contract, upon written notice, in the event of any of the following: (1) Contractor makes an assignment for the benefit of creditors; (ii) a petition in bankruptcy or any insolvency proceeding is filed by or against Contractor and is not dismissed within thirty (30) days from the date of filing; or (iii) all or substantially all of Contractor's property is levied upon or sold in any judicial proceeding.

The resulting AGREEMENT may be terminated at any time upon mutual written consent of DOCCS and the CONTRACTOR.

DOCCS reserves the right to terminate the resulting AGREEMENT in the event it is found that the certification filed by the CONTRACTOR in accordance with NYS Finance Law Sections 139-j and 139-k was intentionally false or intentionally incomplete. Upon such finding, DOCCS may exercise its termination right by providing written notification to the CONTRACTOR/GRANTEE in accordance with the written notification terms of this AGREEMENT.

In the event of the termination of the resulting AGREEMENT by either party, DOCCS shall be liable for the actual and necessary expenses for services provided by CONTRACTOR up to and including the effective date of termination.

- M. Procurement Lobbying Termination: DOCCS reserves the right to terminate the resulting contract in the event it is found that the certification filed by the Offerer in accordance with New York State Finance Law §139-k was intentionally false or intentionally incomplete. Upon such finding, DOCCS may exercise its termination right by providing written notification to the Offerer in accordance with the written notification terms of the resulting contract.

## IX. APPLICATION SUBMISSION

Applications must be submitted in accordance with the following format:

- A. Applications must address all Program-Specific Questions based on the details in Section III and in Attachment A, Work Plan, of this RFA. Accordingly, responses to all questions in the *Program-Specific Questions* are to be completed in the Grants Gateway application.
- B. Submitted applications must include the documentation identified in the following pass/fail checklist as mandatory (★). Failure to submit any mandatory requirements in the application will result in rejection.

### **Pass/Fail Checklist - ★Mandatory Requirements**

- ★ **Indirect Cost Calculation Form (*Attachment E-1*)**
  - ★ **Applicant must complete a narrative/justification for each line item in the budget.**
  - ★ **The demonstrated ability to start the program on July 1, 2018.**
  - ★ **Not-for-Profit applicants must be prequalified in the Grants Gateway by the due date of the application. A prequalification status is also requisite for contract approval.**
- C. Submitted applications should include the non-mandatory documentation identified below if applicable.
- ✓ Copy of your organization's by-laws, list of Board of Directors and Certificate of Incorporation; if applicable (For-Profit only)
  - ✓ Copy of any applicable licenses, if applicable, uploaded to the *Pre-Submission Uploads* page.
  - ✓ Résumés of staff to provide services (scanned as one document)
  - ✓ Two professional letters of reference (scanned as one document) as part of the response to *Program-Specific Question # 4B* in the Gateway.
  - ✓ *Vendor Responsibility Questionnaire* (completed and certified online within six months)
  - ✓ FOR-PROFIT PROVIDERS ONLY – Download, complete, and sign the *Procurement Lobbying Certification* for State Finance Law §139j and §139k. Upload the completed and signed document to the application in the applicable location on the *Pre-Submission Uploads* page.

## **X. EVALUATION PROCESS**

DOCCS will award contracts based upon evaluation of all aspects of the program according to the needs of the agency and the best interests of the State of New York. Awards will go to providers whose application provides the **best value** as determined by DOCCS, pursuant to NYS Finance Law §103 1j. This is defined as the most beneficial **combination of quality and costs** for the services being requested. If two offers are found to be equal, price shall be the basis for determining the award recipient. The basis for determining the award shall be documented in the procurement record.

A committee of DOCCS personnel, consisting of approximately three to six DOCCS' staff members from various DOCCS' offices, will evaluate applications independently to determine which applications are most capable of implementing DOCCS' requirements based on the following criteria:

### **Eligibility Review**

Will consist of a review of each application to ensure that all mandatory requirements are met. Failure to meet any mandatory requirement in the application will result in the application being considered non-responsive, and it will be eliminated from further evaluation. All applications that meet the mandatory requirements will move to the Program Review.

### **Program Review**

The Program Review will consist of an evaluation of your detailed application *Program-Specific Questions* in the Grants Gateway (also see *Attachment C, Program-Specific Questions*):

- I. Agency Hospitality Center Location (0 points)**
- II. Agency Summary (5 points)**
- III. Program Information (12 points)**
- IV. Experience/References (6 points)**
- V. Program Performance (5 points)**
- VI. Diversity Practices Questionnaire (2 points)**

Points will be awarded for responses in each category as listed above using predetermined rating scales. The resulting Program Review scores will be calculated by adding the Total points from each reviewer and dividing that number by the total number of reviewers. This will create an average score for all reviewers' totals. The highest possible score is 30 points.

### **Cost Review**

The Cost Review will consist of an evaluation of your program budget as detailed below:

### **Budget/Fiscal (70 points)**

Programs failing to clearly line out and complete a comprehensive budget proposal (including expenditure based budget, coinciding budget narratives, indirect cost calculations and all other funds) may be disqualified.

The evaluation of the overall cost of each application, including the application of third-party revenue and all other funds will be performed, as follows:

1. The lowest cost/slot proposal for a Visitor Hospitality Center (factoring in any proposed third-party revenue, and all other funds) will receive 70 points. Other proposals in that area will receive points in direct proportion to the lowest cost/slot proposal in that area.

### **Contract Award**

Awards will be made to applications with the highest total point allocation.

## **XI. RFA QUESTIONS/IMPORTANT DATES**

- Applicants can submit questions pertaining to this Grant Opportunity by emailing [linda.mitchell@doccs.ny.gov](mailto:linda.mitchell@doccs.ny.gov) or [frank.arpey@doccs.ny.gov](mailto:frank.arpey@doccs.ny.gov). Please include RFA 2018-02 in the subject line of the email.
- The designated contact for this procurement is Linda Mitchell and the alternate contact is Frank Arpey.
- All questions must be submitted by in writing via e-mail by **4:00 PM on MONDAY, March 26, 2018.**
- Answers to all questions will be will be available on the NYS Contract Reporter and on the DOCCS' Web site in the following location: [DOCCS' Procurement Opportunities](#) on or before **MONDAY, April 2, 2018 at 4:00 PM.**
- Applications must be completed on the Grants Gateway by **4:00 PM on FRIDAY, APRIL 6, 2018.**
- Tentative award announcements will be made on or before **FRIDAY JUNE 1, 2018.**

**ATTACHMENT A**  
**WORK PLAN**

**ATTACHMENT A**  
**RFA 2018-02 VISITOR HOSPITALITY CENTERS**  
**WORK PLAN**

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Bidders must be qualified not-for-profit, faith-based or for-profit organizations that can demonstrate the capability to administer the hospitality program. Past performance of successful management of similar or comparable programs to that described in the RFA is preferred.

The Department intends to select one service provider for each hospitality center. While not required, bidders are encouraged to submit proposals indicating multiple visitor centers they would be interested in coordinating. Multiple sites typically would be located within reasonable proximity to one another. Vendors must submit separate applications for each visitor center. With limited funds available for the hospitality services, multiple program sites might provide economies of scale that would be more cost effective than single hospitality sites. In the event that more than one bidder proposes to manage the same hospitality center, the contract will be awarded based on the highest scored proposal, according to the standards described in Section X of this RFA.

The Grantee shall designate a Visitor Center Coordinator and a fiscal manager for the program. DOCCS will designate a Contract Manager at the Central Office level who will coordinate and manage the involvement with the Department and the service provider.

DOCCS shall provide the necessary facilities, furnishings, toilet paper and paper towels and general cleaning for the visitor hospitality centers.

Contract objectives and performance measures will be utilized to evaluate Grantee performance throughout the term of the contract.

## **A. ADMINISTRATION**

Administrative tasks such as payroll processing (if paid staff will be used) should be managed in the most cost-effective manner possible in order to preserve funds for program needs. If the bidder is a faith-based group affiliated with a church, it may be possible to have payroll functions administered by the sponsoring church or churches. Similarly, if the contractor is part of a larger not-for-profit organization, the payroll tasks should be handled by the organization's finance office. If however, the hospitality contractor is an independent organization, all efforts should be made to find the most cost effective means to process the payroll, file tax documents, etc. Some hospitality centers in recent years have obtained this service at little or no cost as an in-kind donation of service by local accounting firms.

With many small business computer programs now available for payroll processing, a contractor might find it quite possible to manage the payroll independently. Other options include payroll processing companies that specialize in small businesses. Other companies are online services which set up an online payroll and tax obligation program for a business which then only requires the business to spend a few minutes each pay period entering the employee's work hours. The cost for such a service can be as little as \$50 per payroll period.

*NOTE: The above companies are examples only, and the information was obtained by on-line research of payroll processing services. The sole purpose of this information is to illustrate some options; no express or implied recommendation of any particular service or company is intended. Bidders are advised to research and compare various options and prices for payroll and tax filing services.*

**Hours of Operation:**

The hospitality centers shall open and be staffed by the contractor according to the facility chart (Attachment J). The actual hours will vary slightly from center to center, according to the needs of the facility.

It is imperative the hospitality centers are staffed as scheduled. Contingency plans for emergency coverage must be in place. In the rare instance that the contractor cannot staff the center or required delayed opening or early departure (i.e. extreme weather conditions, etc.) the following procedure is to be followed:

Contact the facility watch commander at least two hours prior to center opening to report that the contractor cannot staff the center for a specified amount of hours or for the entire shift.

**Holidays:**

The hospitality center shall be open and staffed by the contractor on four specified holidays for the first year of the contract, including: Memorial Day, Fourth of July, Thanksgiving Day, and Christmas Day for the same hours as a normal visiting day. When Christmas falls on a Saturday, that day will be the visiting day and no additional or alternate day will be designated. If Christmas falls on a Sunday, the hospitality center will be open on Monday, December 26. Beginning the second year of the contract, and each subsequent year, the facility may designate any four holidays as long as they notify the contractor in writing 90 calendar days prior to the start of the new contract year.

**Administrative Tasks:**

1. The Grantee shall attend and participate in meetings with DOCCS staff and other Grantees for training, technical overview of performance under this contract, problems encountered, and recommendations for program improvements.
2. The Commissioner of DOCCS or designee shall have immediate and on-going access to all records, including any electronic records, pertaining to the Visitor Hospitality Centers. Non-compliance with this section constitutes a violation of the terms of the contract and can result in immediate termination of the contract.
3. The Grantee shall establish adequate record-keeping systems that will ensure prompt, complete submission of all fiscal and programmatic forms to DOCCS as required on a monthly basis.

## **B. PERSONNEL**

Any individual who provides service through the contractor in the hospitality center agrees, by virtue of accepting his/her assignment, to abide by all of the rules and regulations of the Department. Specifically, each individual must be made aware of and agree to comply with Department Directive #4750, Volunteer Services Program (Attachment K). By virtue of the definition in the directive, a volunteer is “any person who provides a service to the Department.....without direct compensation from the Department.” Therefore, persons who provide service through the hospitality contractor, whether paid or unpaid, are deemed to be volunteers and subject to the terms of Directive #4750. At a minimum, potential staff will be required to complete a volunteer application process, including but not limited, to a background check, fingerprinting and attend a volunteer orientation session.

If a contract is awarded, it is the responsibility of the contractor to see that all workers are aware of Directive #4750, as well as the rules and regulations of the Department in general.

Only one person is needed for coverage in the hospitality center at any given time, with the exception of Attica CF. The role of the hospitality center person is to coordinate activity within the hospitality center, including greeting arriving visitors, answering questions, assisting with pre-processing tasks, etc., while the visitors are waiting to be processed by DOCCS personnel for admission to the facility visiting room. On occasion, an emergency need might necessitate the hospitality worker assisting a visitor to access food, shelter or transportation or other vital services. The hospitality center worker has no direct contact with offenders and the center is separate from areas where offenders are located. This position would be considered an entry-level job equivalent with a receptionist, or similar.

In the past few years, many centers have used paid persons to staff the hospitality centers. Other centers use volunteers recruited through church or community linkages. Additional models might include: a) the use of paid staff with volunteers or Board members helping out for occasional back-up coverage, or b) arranging for staff coverage by older persons, under programs such as RSVP (Retired Senior Volunteer Program), part of the National Community and Service initiative ([www.nationalservice.gov](http://www.nationalservice.gov)).

Center workers will have access to a telephone in the event it is necessary to contact the facility. Contact numbers will be provided.

### **Administrative Staff**

Contractors will be required to have a Visitor Center Coordinator who will oversee the operation of the center(s) and who will be the contact person for DOCCS. The project coordinator will report to the organization’s Board of Directors, or in the case of faith-based groups, the equivalent body. The coordinator might be a community volunteer, a volunteer member of the contractor’s Board or might be an individual hired by the contractor. In the case of a contract which only includes one hospitality center, the coordinator and the worker at the center might be one and the same.

The duties of the coordinator may include any or all of the following, depending on the number of centers included in the contract and/or the structure of the individual center: recruit volunteers or staff, arrange for and schedule the staff coverage at the center(s), provide training to new staff, verify worker’s hours, submit (or arrange for submission) of payment request documents to DOCCS, periodically conduct site visits to the hospitality centers while they are in operation, and

be the contact person for DOCCS. Depending on the bidder's program design, the coordinator may also have administrative responsibilities such as processing the payroll, if applicable, or arranging for this to occur. Given the size of the projects, the project coordinator position would be a part-time obligation.

If a contract is ultimately offered to a bidder, the contractor will be required to provide the name and contact information for the coordinator before the contract is finalized. A back-up contact name will also be required when a coordinator cannot be reached.

1. The Grantee shall maintain written job descriptions that accurately describe current duties for all personnel providing services under this contract. The job description shall be given to each employee. Staffing should reflect the diversity of the client population. An ability to serve Spanish-speaking visitors is desired and services in accord with EEO 26 may also be required.
2. DOCCS has to approve in writing all salary establishments and all salary changes (up or down). All salary approvals, including hiring, must be done in writing.
3. Ownership and Title to Deliverables: The contractor shall not publish any research findings developed as a result of conducting these programs without obtaining written permission from the Department. Approval to publish research findings will be a separate agreement that addresses the scope of the research project and the distribution of royalties.
4. Interpretation and Disputes: Disputes regarding contract activities or terms that occur during the term of the contract will be handled between the contractor and the correctional facility Superintendent and/or his/her designee and may also involve, as necessary, the Department's Deputy Commissioner for Program Services and/or the Director of the Office of Ministerial, Family and Volunteer Services and/or his/her designee.
5. Contract Standards of Employee Conduct shall include, but are not limited to, the following:
  - a. No individual employed by Grantee shall enter into any business or personal relationships with inmates unless in a professional capacity approved in writing by the Grantee. The Grantee will notify the Contract Manager in writing of any such approval.
  - b. No Grantee employee shall have any outside contact (other than incidental contact) with inmates, their family or close associates, except for those activities which are an approved, integral part of the program and a part of the employee's job description.
  - c. Grantee employees are forbidden to engage in any conduct which is criminal in nature or which would bring discredit upon the Grantee.
  - d. Any violation or attempted violation of the restrictions in this section or any arrest of a staff member shall be reported immediately to DOCCS staff. Any failure to report or to take appropriate disciplinary action against an offending employee may subject the Grantee to sanction.
6. The Grantee may make use of citizen volunteers and/or student interns in the program, with prior DOCCS review and approval. Such volunteers and/or student interns shall be screened as to their background and suitability for such work and shall receive orientation, training, and supervision from the Grantee. They shall be subject to the same standard of conduct as in Section B above.

7. DOCCS employees are not permitted to work in Hospitality Centers.
8. Additional funding options may be considered, however, donations from inmates or inmate organizations are not permitted.

## **C. REPORTING AND PERFORMANCE MEASURES**

### **Records**

The contractor will be required to document information each day the center is open recording, at a minimum: the name of the staff person covering the center, the exact time the center opened and closed, the number of visitors on that day, and any concerns or issues that arose. Specific details regarding the documentation process will be arranged with the contractor after a contract is awarded. Refer to Program Forms (Attachment G).

### **Reporting Requirements**

- With all payment requests, contractors will be required to submit supporting documentation to verify the costs for which reimbursement is requested.
- All fiscal records related to the contracts are subject to inspection by DOCCS at any time, upon request.

### **Performance Measures**

- Grantee ability to assess staff service delivery skills and to employ educated, experienced staff.
- Grantee ability to self-assess program services and ability to suggest improvements as required.
- The required monthly reports will be reviewed to determine that the center is running efficiently.

## **D. DIVERSITY PRACTICES**

Respondents to this procurement shall be required to include as part of the technical application response to this procurement, as described in this RFA herein, questions from the *Diversity Practices Questionnaire* as provided by the Division of Minority and Women's Business Development are included in the *Program Specific Questions*. Applicants must complete the responses for questionnaire in the Grants Gateway and upload the completed and signed document in RFA 2018-02, Attachment H. The questionnaire is also included in Pre-Submission Uploads in the Application.

## BUDGET /FISCAL (70 POINTS)

The bidder's proposal must detail the organization's plans for performing fiscal administrative functions, showing the cost for the service, if any, on the budget. The bidder must describe the internal controls, or risk management procedures it will employ to ensure that funds are appropriately accounted for, accurately documented, and protected from misuse.

Bidders shall understand that it will be the responsibility of each contractor to raise any funds (or in-kind goods or services) that are needed for the project in excess of the State funding award.

All proposed budgets and contract details are subject to negotiations after contract award recommendations are made. Any such negotiations must be completed prior to approval of a contract. Failure to successfully complete negotiations may result in withdrawal of the contract offer and award to an alternate bidder.

Contract funds must be used exclusively for the necessary and direct operation of the centers and administrative functions. If you propose any of the items noted below in your budget, your proposal will be disqualified.

State funds **MAY NOT** be used for:

- food
- beverages
- kitchen supplies
- meetings
- parties of any kind
- leisure
- recreation
- any goods or services not explicitly necessary for the hospitality center to operate

NOTE: If bidding on more than one hospitality center site, a separate application and budget for each center is required.

### **Budget Detail Sheet and Budget Narrative/Justification Overview**

In the New York State Grants Gateway, please complete Attachment B-1, Expenditure Based Budget and Budget Narrative Justification sections that specifically line out the funding required to support your program annually. Narrative justifications should properly reflect each line item of the budget detail sheets in the application. Please include any formulas used to calculate salaries, fringe benefits, non-personal services numbers, third party revenue, indirect costs and all other funds.

If your proposal's required expenditure based budget, budget narrative/justifications and all other funds are not clearly lined out in your proposal, your proposal may be disqualified.

### **Third Party Revenue Projection Guidelines**

All successful contractors will be required to make on-going efforts to receive third party revenue during the course of the contract. Obtaining this third-party revenue is not a contractual requirement, but making a good faith effort, as determined by DOCCS management. In your proposal, please specify the procedures that will be employed to obtain third-party funding in the budget narrative justification under Other Narrative. Include the success of your organization in receiving third-party revenue and explain the impact on the proposed program if less third-party revenue the projected is received. DOCCS will not be in the position to make up any projected third-party revenue that does not materialize and reserves the right to consider this a contractual violation. Be careful to project accurately and take all necessary measures to achieve projected revenue levels. If you are not projecting receipt of third party revenue, you must explain why and will still be required during the contract period to make a good faith effort to receive it. Please note: third party revenue should be captured on Attachment B-1 under Other Funds.

Projected third party revenue and all other funds will be treated as match funding for the program that has a direct result of reducing the cost to DOCCS. As a result, this will improve a proposal's overall fiscal score. For example, if a program's total expense equals \$60,000 and the program projects to receive \$10,000 in third-party revenue or other funds, the total cost to DOCCS is \$50,000.

### **Indirect Costs (Administrative Overhead)**

All proposals must include detailed information to support its indirect costs administrative overhead projection (if included in proposal). Such submission must include a detailed listing of all "indirect costs" at the major-object level, and the same for all direct program costs for all contractual agreements that your organizations has with other entities (see the attached Exhibit for a sample of the Attachment E-1 for the required format). Under no circumstances can any costs be split between direct and indirect categories. If more than four programs in addition to the proposed new program are listed, then bidder can consolidate those programs into Column 3 and label it "All Other Programs". Also, if bidder does not have indirect costs, clearly indicate "Not Applicable" on Attachment E-1. Please note if applicable when completing Attachment B-1 Expenditure Based Budget indirect cost should be captured under F) Other Expenses.

On the NYS Grants Gateway, download Attachment E-1 from the Pre-Submission Uploads page. Complete the form as directed above, and upload the completed form to the same location on the Gateway.

### **Start-up Cost Guidelines**

DOCCS requires programs that are fully prepared to operate at maximum capacity on day one of the contract. Accordingly, no start-up costs will be provided and should not be requested as part of your proposal. If start-up costs are included in your proposal, it will be disqualified.

### **Budget Narrative Guidelines**

As a guideline, the Budget Narrative should explain, at a minimum, the following in DETAIL:

1. Personnel Services Expenditures: Title, Percent to DOCCS, and responsibilities;
2. Fringe Benefits;
3. Contractual/Consultant Services;
4. Travel Expenses;
5. Supplies and Materials
6. Equipment; and
7. All third-party revenue projections and all other funds

### **Budget Evaluation**

Programs failing to clearly line out and complete a comprehensive budget proposal (including expenditure based budget and coinciding budget narratives) may be disqualified.

The evaluation of the overall cost of each proposal, including the application of third-party revenue and other funds will be performed, as follows:

The lowest cost proposal for a Facility Visitor Hospitality Center (factoring in any proposed third-party revenue and all other funds) will receive 70 points. Other proposals in that area will receive points in direct proportion to the lowest cost proposal for that Visitor Hospitality Center.

**ATTACHMENT E-1**  
**NYS DOCCS RFA 2018-02**  
**VISITOR HOSPITALITY CENTERS**  
**INDIRECT COST CALCULATIONS**

**EXAMPLE - DO NOT USE**  
**SEE NEXT SHEET**

**ORGANIZATION NAME:**  
**FACILITY CENTER:**


**Check One Below:**

Requested Indirect Cost Rate 4%

N/A: There are no Indirect Costs Associated with this Program

Backup to support indirect cost rate included in proposal submitted pursuant to RFA 2018-02

1	2	3	4
	<b>Direct Costs Proposed DOCCS Program</b>	<b>Proposed Indirect Costs</b>	<b>Total Costs</b>
<b>Personal Service</b>			
Salaries	100,000	3,000	103,000
Overtime	10,000	500	10,500
Fringe Benefits	20,000	2,000	22,000
<b>NPS</b>			
Contractual	40,000	1,000	41,000
Travel	10,000	500	10,500
Equipment	10,000	500	10,500
Supplies & Materials	10,000	500	10,500
<b>Sub Total</b>	<b>200,000</b>	<b>8,000</b>	<b>208,000</b>
<b>Indirect Costs</b>	<b>8,000</b>	<b>N/A</b>	<b>N/A</b>
<b>Total</b>	<b>208,000</b>	<b>N/A</b>	<b>N/A</b>

*Indirect Cost rate is column 3, divided by column 2.*  
 $8,000 \div 200,000 = 4\%$   
 Accordingly, Indirect Costs for proposed DOCCS program is \$8,000

**NOTES:**

- Column 1: These are the major object expenditures categories that a program would have.*
- Column 2: These are all of your direct costs by major object that would support the DOCCS proposed program.*
- Column 3: These are all of your indirect costs by major object that would support the DOCCS proposed program.*  
*Please remember that actual reimbursement of these costs will require details at the sub object level.*
- Column 4: Total entities costs include DOCCS proposed program and all indirect costs.*



**ATTACHMENT E-1**  
**NYS DOCCS RFA 2018-02**  
**VISITOR HOSPITALITY CENTERS**  
**INDIRECT COST CALCULATIONS**

**ORGANIZATION NAME:**  
**FACILITY CENTER:**


**Check One Below:**

Requested Indirect Cost Rate \_\_\_\_\_ %

N/A: There are no Indirect Costs Associated with this Program

Backup to support indirect cost rate included in proposal submitted pursuant to RFA 2018-02

1	2	3	4	NOTES
	<b>Direct Costs Proposed DOCCS Program</b>	<b>Proposed Indirect Costs</b>	<b>Total Costs</b>	
<b>Personal Service</b>				List Items Below -- Additional Lines May be Entered as Needed
Salaries	0	0	0	
Overtime	0	0	0	
Fringe Benefits	0	0	0	
<b>NPS</b>				
Contractual	0	0	0	
Travel	0	0	0	
Equipment	0	0	0	
Supplies & Materials	0	0	0	
<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>Indirect Costs</b>		N/A	N/A	
<b>Total</b>	<b>0</b>	N/A	N/A	

Indirect Cost rate is column 3, divided by column 2.

\_\_\_\_\_ ÷ \_\_\_\_\_ = \_\_\_\_%

Accordingly, Indirect Costs for proposed DOCCS program is \$ \_\_\_\_\_

**NOTES TO BE COMPLETED BY APPLICANT:**

Salaries: List Each Title and Salary Here

- 1)
- 2)
- 3)

Contractual: List Items Here

- 1)
- 2)
- 3)

Equipment: List Items Here

- 1)

2)

3)

Supplies & Materials: List Items Here

1)

2)

3)

**ATTACHMENT C -- NYS DOCCS RFA 2018-02  
VISITOR HOSPITALITY CENTERS  
PROGRAM SPECIFIC QUESTIONS**

Instructions: Provide succinct responses in the Grants Gateway application Program Specific Questions page within the limitations of the individual response fields. Simply answer the questions in the clearest most direct manner possible. Attach only the requested documents.

**I. VISITOR HOSPITALITY CENTER FACILITY (0 POINTS)**

- A. Specify the Visitor Hospitality Center facility location for which this application is being submitted. Refer to Request for Applications, Section I, for the complete listing.

**II. AGENCY SUMMARY (5 POINTS)**

- A. Describe your understanding of the program and its objectives as described by DOCCS in Attachment A. **(2 points)**
- B. What direct services will your organization provide and specify services that will be met by outside organizations? **(1 point)**
- C. Define the outstanding features of your program that distinguish your organization from other comparable programs. **(1 point)**
- D. Submit documentation to verify that the organization has the legal authority to operate. **(1 point)**

**III. PROGRAM INFORMATION (12 POINTS)**

- A. Describe in detail how the Visitor Hospitality Center Coordinator will function for the proposed project. If you have a specific person in mind to perform the coordinator's tasks, include details of the individual's credentials, such as a resume. If the project coordinator is not yet a known person, the proposal should include a job description or the expectations for the coordinator. **(3 points)**
- B. Describe the staffing plan the bidder proposes to utilize. If staff will be paid positions, fiscal details must be included in the budget section of the proposal. **(3 points)**

- C. Describe how your organization plans to effectively manage payroll processing functions for the center(s). **(3 points)**
- D. Describe how your organization will insure that the program will be staffed during all program hours, by competent personnel. **(3 points)**

**IV. EXPERIENCE/REFERENCES (6 POINTS)**

- A. Describe any specific programs or services your organization has provided to DOCCS. Provide information on the performance of the program and total number of years' experience, specifically with DOCCS. **(2 points)**
- B. Upload two professional letters of reference (as one document). Letters should be on official letterhead and include name, address and phone numbers. References from the Department of Corrections and Community Supervision staff are not acceptable. **(2 points)**
- C. List prior or current projects managed by your organization for projects of a similar or comparable nature within the past five years. Include the name of the project, a description of the services and dates the program was (or is) operational. **(2 points)**

**V. PROGRAM PERFORMANCE (5 POINTS)**

- A. Describe your organization's ability to electronically complete, claims, expense reports and monthly program reports, quarterly program reports and weekly progress reports. **(3 points)**
- B. Describe the internal controls, or risk management procedures you will employ to ensure that funds are appropriately accounted for, accurately documented, and protected from misuse. **(2 points)**

**VI. DIVERSITY PRACTICES (2 POINTS)**

See Attachment H for more information. Enter responses to the following questions in the Grants Gateway application:

- A. Does your company have a Chief Diversity Officer or other individual who is tasked with supplier diversity initiatives? (YES or NO). If YES, provide the name, title description of duties and evidence of initiatives performed by this individual or individuals.

- B. What percentage of your organization's gross revenues (from your prior fiscal year) was paid to New York State certified minority and/or women-owned business enterprises as subcontractors, suppliers, joint-ventures, partners or other similar arrangement for the provision of goods or services to your organization's clients?
- C. What percentage of your organization's overhead (i.e. those expenditures that are not directly related to the provision of goods or services to your company's clients) or non-contract expenses (from your prior fiscal year) was paid to New York State certified minority-and women-owned business enterprises as suppliers/contractors?
- D. Does your organization provide technical training to minority and women-owned business enterprises? (YES or NO). If YES, provide a description of such training which should include, but not be limited to, the date the program was initiated, the names and number of minority and women-owned business enterprises participating in such training, the number of years such training has been offered and the number of hours per year for which such training occurs.
- E. Is your organization participating in a government approved minority and women-owned business enterprise mentor-protégé program? (YES or NO). If YES, identify the governmental mentoring program in which your organization participates and provide evidence demonstrating the extent of your organization's commitment to the governmental mentoring program.
- F. Does your organization include specific quantitative goals for the utilization of minority and women-owned business enterprises in its non-government procurements (including time period, goal, scope and dollar amount) and indicate the percentage of the goals that were attained.
- G. Does your organization have a formal minority and women-owned business enterprise supplier diversity program? (YES or NO). If YES, provide documentation of program activities and a copy of policy or program materials.
- H. Does your organization plan to enter into partnering or subcontracting agreements with New York State certified minority and women-owned business enterprises if selected as the successful respondent? (YES or NO). If YES, complete the attached Utilization Plan.

# CONTRACTOR INSURANCE REQUIREMENTS

## ATTACHMENT D for RFA 2018-02

### **1.1 Indemnification**

The Contractor shall assume all risks of liability for its performance, or that of any of its officers, employees, subcontractors or agents, of any contract resulting from this solicitation and shall be solely responsible and liable for all liabilities, losses, damages, costs or expenses, including attorney's fees, arising from any claim, action or proceeding relating to or in any way connected with the performance of this Agreement and covenants and agrees to indemnify and hold harmless the State of New York, its agents, officers and employees, from any and all claims, suits, causes of action and losses of whatever kind and nature, arising out of or in connection with its performance of any contract resulting from this solicitation, including negligence, active or passive or improper conduct of the Contractor, its officers, agents, subcontractors or employees, or the failure by the Contractor, its officers, agents, subcontractors or employees to perform any obligations or commitments to the State or third parties arising out of or resulting from any contract resulting from this solicitation. The CONTRACTOR's duty to indemnify shall cover direct, indirect, special and consequential damages. Such indemnity shall not be limited to the insurance coverage herein prescribed.

### **1.2 Contractor Insurance Requirements**

Prior to the commencement of the work to be performed by the Contractor hereunder, the Contractor shall file with The People of the State of New York, DOCCS, Certificates of Insurance (hereinafter referred to as "Certificates"), evidencing compliance with all requirements. Such Certificates shall be of a form and substance acceptable to DOCCS.

Contractors shall be required to procure, at their sole cost and expense, and shall maintain in force at all times during the term of any Contract resulting from this Solicitation, policies of insurance as required by this Section. All insurance required by this Section shall be written by companies that have an A.M. Best Company rating of "A-," Class "VII" or better. In addition, companies writing insurance intended to comply with the requirements of this Section should be licensed or authorized by the New York State Department of Financial Services to issue insurance in the State of New York. DOCCS may, in its sole discretion, accept policies of insurance written by a non-authorized carrier or carriers when certificates and/or other policy documents are accompanied by a completed Excess Lines Association of New York (ELANY) affidavit or other documents demonstrating the company's strong financial rating. If, during the term of a policy, the carrier's A.M. Best rating falls below "A-," Class "VII," the insurance must be replaced, on or before the renewal date of the policy, with insurance that meets the requirements above.

The Contractor shall not take any action, or omit to take any action that would suspend or invalidate any of the required coverages during the term of the Contract.

- A. General Conditions Applicable to Insurance. All policies of insurance required by this Solicitation or any Contract resulting from this Solicitation shall comply with the following requirements:
  - 1. Coverage Types and Policy Limits. The types of coverage and policy limits required from Bidders and Contractors are specified in Paragraph B Insurance Requirements below.
  - 2. Policy Forms. Except as otherwise specifically provided herein, or agreed to in the Contract resulting from this Solicitation, all policies of insurance required by this Section shall be written on an occurrence basis.

CONTRACTOR INSURANCE REQUIREMENTS  
ATTACHMENT D for RFA 2018-02

3. Certificates of Insurance/Notices. Bidders and Contractors shall provide DOCCS with a Certificate or Certificates of Insurance, in a form satisfactory to DOCCS as detailed below, and pursuant to the timelines set forth in Section B below. Certificates shall reference the Solicitation or award number and shall name The New York State Department of Corrections and Community Supervision, Harriman Campus, 1220 Washington Avenue, Albany, New York 12226-2050, as the certificate holder.

Certificates of Insurance shall

- Be in the form acceptable to DOCCS and in accordance with the New York State Insurance Law (e.g., an ACORD certificate);
- Disclose any deductible, self-insured retention, aggregate limit or exclusion to the policy that materially changes the coverage required by this Solicitation or any Contract resulting from this Solicitation;
- Refer to this Solicitation and any Contract resulting from this Solicitation by award Contract number;
- Be signed by an authorized representative of the referenced insurance carriers; and
- Contain the following language in the Description of Operations / Locations / Vehicles section: Additional insured protection afforded is on a primary and non-contributory basis. A waiver of subrogation is granted in favor of the additional insureds.

Only original documents (certificates of insurance and any endorsements and other attachments) or electronic versions of the same that can be directly traced back to the insurer, agent or broker via e-mail distribution or similar means will be accepted.

DOCCS generally requires Contractors to submit only certificates of insurance and additional insured endorsements, although DOCCS reserves the right to request other proof of insurance. Contractors should refrain from submitting entire insurance policies, unless specifically requested by DOCCS. If an entire insurance policy is submitted but not requested, DOCCS shall not be obligated to review and shall not be chargeable with knowledge of its contents. In addition, submission of an entire insurance policy not requested by DOCCS does not constitute proof of compliance with the insurance requirements and does not discharge Contractors from submitting the requested insurance documentation.

4. **Primary Coverage.** All liability insurance policies shall provide that the required coverage shall be primary and non-contributory to other insurance available to the People of the State of New York, the New York State Department of Corrections and Community Supervision, any entity authorized by law or regulation to use the Contract and their officers, agents, and employees. Any other insurance maintained by the People of the State of New York, the New York State Department of Corrections and Community Supervision, any entity authorized by law or regulation to use the Contract and their officers, agents, and employees shall be excess of all applicable Contractor's insurance, including any umbrella and/or excess policies, and shall not contribute with the Bidder/Contractor's insurance.

CONTRACTOR INSURANCE REQUIREMENTS  
ATTACHMENT D for RFA 2018-02

5. **Breach for Lack of Proof of Coverage.** The failure to comply with the requirements of this Section at any time during the term of the Contract shall be considered a breach of the terms of the Contract and shall allow the People of the State of New York, the New York State Department of Corrections and Community Supervision, any entity authorized by law or regulation to use the Contract and their officers, agents, and employees to avail themselves of all remedies available under the Contract or at law or in equity.
6. **Self-Insured Retention/Deductibles.** Certificates of Insurance must indicate the applicable deductibles/self-insured retentions for each listed policy. Deductibles or self-insured retentions above \$100,000.00 are subject to approval from DOCCS. Such approval shall not be unreasonably withheld, conditioned or delayed. Bidders and Contractors shall be solely responsible for all claim expenses and loss payments within the deductibles or self-insured retentions. If the Bidder/Contractor is providing the required insurance through self-insurance, evidence of the financial capacity to support the self-insurance program along with a description of that program, including, but not limited to, information regarding the use of a third-party administrator shall be provided upon request. If the Contractor is unable to meet their obligation under any deductible, self-insured retention or self-insurance, neither the People of the State of New York nor DOCCS will be obligated to drop down to cover those amounts.
7. **Subcontractors.** Prior to the commencement of any work by a Subcontractor, the Contractor shall require such Subcontractor to procure policies of insurance as required by this Section and maintain the same in force during the term of any work performed by that Subcontractor.
8. **Waiver of Subrogation.** For all liability policies and the workers' compensation insurance required below, the Bidder/Contractor shall cause to be included in its policies insuring against loss, damage or destruction by fire or other insured casualty a waiver of the insurer's right of subrogation against The People of the State of New York, the New York State Department of Corrections and Community Supervision, any entity authorized by law or regulation to use the Contract and their officers, agents, and employees, or, if such waiver is unobtainable (i) an express agreement that such policy shall not be invalidated if the Contractor waives or has waived before the casualty, the right of recovery against The People of the State of New York, the New York State Department of Corrections and Community Supervision, any entity authorized by law or regulation to use the Contract and their officers, agents, and employees or (ii) any other form of permission for the release of The People of the State of New York, the New York State Department of Corrections and Community Supervision, any entity authorized by law or regulation to use the Contract and their officers, agents, and employees. A Waiver of Subrogation Endorsement shall be provided upon request. A blanket Waiver of Subrogation Endorsement evidencing such coverage is also acceptable.

CONTRACTOR INSURANCE REQUIREMENTS  
ATTACHMENT D for RFA 2018-02

9. **Additional Insured.** The Contractor shall cause to be included in each of the liability policies required below, coverage for on-going and completed operations naming as additional insureds (via ISO coverage forms CG 20 10 04 13 and CG 20 37 04 13 and form CA 20 48 10 13, or a form or forms that provide equivalent coverage): The People of the State of New York, the New York State Department of Corrections and Community Supervision, any entity authorized by law or regulation to use the Contract and their officers, agents, and employees. An Additional Insured Endorsement evidencing such coverage shall be provided to DOCCS pursuant to the timelines set forth in Section B below. A blanket Additional Insured Endorsement evidencing such coverage is also acceptable. For Contractors who are self-insured, the Contractor shall be obligated to defend and indemnify the above-named additional insureds with respect to Commercial General Liability and Business Automobile Liability, in the same manner that the Contractor would have been required to pursuant to this Section had the Contractor obtained such insurance policies.
10. **Excess/Umbrella Liability Policies.** Required insurance coverage limits may be provided through a combination of primary and excess/umbrella liability policies; however, a minimum of one million dollars (\$1,000,000.00) must be primary coverage for general liability and auto liability. All Contractor's applicable insurance policies, including umbrella and excess insurance, will be primary to any insurance, self-insurance, deductible or self-insured retention of The People of the State of New York, the New York State Department of Corrections and Community Supervision, or any entity authorized by law or regulation to use the Contract and their officers, agents, and employees. If coverage limits are provided through excess/umbrella liability policies, then a Schedule of underlying insurance listing policy information for all underlying insurance policies (insurer, policy number, policy term, coverage and limits of insurance), including proof that the excess/umbrella insurance follows form must be provided upon request.
11. **Notice of Cancellation or Non-Renewal.** Policies shall be written so as to include the requirements for notice of cancellation or non-renewal in accordance with the New York State Insurance Law. Within five (5) business days of receipt of any notice of cancellation or non-renewal of insurance, the Contractor shall provide DOCCS with a copy of any such notice received from an insurer together with proof of replacement coverage that complies with the insurance requirements of this Solicitation and any Contract resulting from this Solicitation.
12. **Policy Renewal/Expiration** Upon policy renewal/expiration, evidence of renewal or replacement of coverage that complies with the insurance requirements set forth in this Solicitation and any Contract resulting from this Solicitation shall be delivered to DOCCS. If, at any time during the term of any Contract resulting from this Solicitation, the coverage provisions and limits of the policies required herein do not meet the provisions and limits set forth in this Solicitation or any Contract resulting from this Solicitation, or proof thereof is not provided to DOCCS, the Contractor shall immediately cease work. The Contractor shall not resume work until authorized to do so by DOCCS.

**CONTRACTOR INSURANCE REQUIREMENTS**  
**ATTACHMENT D for RFA 2018-02**

**13. Deadlines for Providing Insurance Documents after Renewal or Upon Request.**

As set forth herein, certain insurance documents must be provided to the DOCCS Contract Procurement Unit. This requirement means that the Contractor shall provide the applicable insurance document to DOCCS as soon as possible but in no event later than the following time periods:

- For certificates of insurance: 5 business days
- For information on self-insurance or self-retention programs: 15 calendar days
- For other requested documentation evidencing coverage: 15 calendar days
- For additional insured and waiver of subrogation endorsements: 30 calendar days

Notwithstanding the foregoing, if the Contractor shall have promptly requested the insurance documents from its broker or insurer and shall have thereafter diligently taken all steps necessary to obtain such documents from its insurer and submit them to DOCCS, DOCCS shall extend the time period for a reasonable period under the circumstances, but in no event shall the extension exceed 30 calendar days.

**B. Insurance Requirements**

Bidders and Contractors shall obtain and maintain in full force and effect, throughout the term of any Contract resulting from this Solicitation, at their own expense, the following insurance with limits not less than those described below and as required by the terms of any Contract resulting from this Solicitation, or as required by law, whichever is greater:

<b>Insurance Type</b>		<b>Proof of Coverage is Due</b>
<b>Commercial General Liability</b>	[Not less than \$2,000,000 each occurrence]	Updated in accordance with Contract
General Aggregate	\$2,000,000	
Products – Completed Operations Aggregate	\$2,000,000	
Personal and Advertising Injury	\$1,000,000	
Medical Expenses Limit	\$5,000	
<b>Business Automobile Liability Insurance</b>	[Not less than \$2,000,000 each occurrence]	
<b>Workers' Compensation</b>		
<b>Disability Benefits</b>		

**CONTRACTOR INSURANCE REQUIREMENTS**  
**ATTACHMENT D for RFA 2018-02**

1. **Commercial General Liability Insurance:** Such liability shall be written on the current edition of ISO occurrence form CG 00 01, or a substitute form providing equivalent coverage and shall cover liability arising from premises operations, independent contractors, products-completed operations, broad form property damage, personal & advertising injury, cross liability coverage, liability assumed in a contract (including the tort liability of another assumed in a contract) [and explosion, collapse & underground coverage].

Policy shall include bodily injury, property damage and broad form contractual liability coverage.

- General Aggregate
- Products – Completed Operations Aggregate
- Personal and Advertising Injury
- Each Occurrence

Coverage shall include, but not be limited to, the following:

- Premises liability;
- Independent contractors;
- Blanket contractual liability, including tort liability of another assumed in a contract;
- Defense and/or indemnification obligations, including obligations assumed under the Contract;
- Cross liability for additional insureds;
- Products/completed operations for a term of no less than three [1-3] years, commencing upon acceptance of the work, as required by the Contract;
- [Explosion, collapse and underground hazards; and
- Contractor means and methods].

2. **Business Automobile Liability Insurance:** Such insurance shall cover liability arising out of any automobile used in connection with performance under the Contract, including owned, leased, hired and non-owned automobiles bearing or, under the circumstances under which they are being used, required by the Motor Vehicles Laws of the State of New York to bear, license plates.

In the event that the Contractor does not own, lease or hire any automobiles used in connection with performance under the Contract, the Contractor does not need to obtain Business Automobile Liability Insurance, but must attest to the fact that the Contractor does not own, lease or hire any automobiles used in connection with performance under the Contract on a form provided by DOCCS. If, however, during the term of the Contract, the Contractor acquires, leases or hires any automobiles that will be used in connection with performance under the Contract, the Contractor must obtain Business Automobile Liability Insurance that meets all of the requirements of this section and provide proof of such coverage to DOCCS in accordance with the insurance requirements of any Contract resulting from this Solicitation.

CONTRACTOR INSURANCE REQUIREMENTS  
ATTACHMENT D for RFA 2018-02

In the event that the Contractor does not own or lease any automobiles used in connection with performance under the Contract, but the Contractor does subcontract, hire and/or utilize non-owned automobiles in connection with performance under the Contract, the Contractor, subcontractor or owner of the automobile(s) must: (i) obtain Business Automobile Liability Insurance as required by this Solicitation or any Contract resulting from this Solicitation, except that such insurance may be limited to liability arising out of hired and/or non-owned automobiles, as applicable; and (ii) attest to the fact that the Contractor does not own or lease any automobiles used in connection with performance under the Contract, on a form provided by DOCCS. If, however, during the term of the Contract, the Contractor acquires or leases any automobiles that will be used in connection with performance under the Contract, the Contractor must obtain Business Automobile Liability Insurance that meets all of the requirements of this Section and provide proof of such coverage to DOCCS in accordance with the insurance requirements of any Contract resulting from this Solicitation.

**3. Workers' Compensation Insurance and Disability Benefits Requirements**

Sections 57 and 220 of the New York State Workers' Compensation Law require the heads of all municipal and state entities to ensure that businesses applying for contracts have appropriate workers' compensation and disability benefits insurance coverage. These requirements apply to both original contracts and renewals.

**Failure to provide proper proof of such coverage or a legal exemption will result in a rejection of a Bid or any contract renewal. A Bidder will not be awarded a Contract unless proof of workers' compensation and disability insurance is provided to DOCCS.** Proof of workers' compensation and disability benefits coverage, or proof of exemption must be submitted to DOCCS at the time of Bid submission, policy renewal, contract renewal, and upon request. Proof of compliance must be submitted on one of the following forms designated by the New York State Workers' Compensation Board. **An ACORD form is not acceptable proof of New York State workers' compensation or disability benefits insurance coverage.**

The failure to comply with the requirements of this Attachment at any time during the term of any Contract resulting from this Solicitation shall be considered a breach of the terms of any Contract resulting from this Solicitation and shall allow the People of the State of New York, the New York State Office of General Services, any entity authorized by law or regulation to use any Contract resulting from this Solicitation and their officers, agents, and employees to avail themselves of all remedies available under any Contract resulting from this Solicitation, at law or in equity.

CONTRACTOR INSURANCE REQUIREMENTS  
ATTACHMENT D for RFA 2018-02

Proof of Compliance with Workers' Compensation Coverage Requirements:

- Form CE-200, *Certificate of Attestation for New York Entities With No Employees and Certain Out of State Entities, That New York State Workers' Compensation and/or Disability Benefits Insurance Coverage is Not Required*, which is available on the Workers' Compensation Board's website ([www.wcb.ny.gov](http://www.wcb.ny.gov));
- Form C-105.2 (9/07), *Certificate of Workers' Compensation Insurance*, sent to DOCCS by the Contractor's insurance carrier upon request, or if coverage is provided by the New York State Insurance Fund, they will provide Form U-26.3 to DOCCS upon request from the Contractor; or
- Form SI-12, *Certificate of Workers' Compensation Self-Insurance*, available from the New York State Workers' Compensation Board's Self-Insurance Office, or
- Form GSI-105.2, *Certificate of Participation in Workers' Compensation Group Self-Insurance*, available from the Contractor's Group Self-Insurance Administrator.

Proof of Compliance with Disability Benefits Coverage Requirements:

- Form CE-200, *Certificate of Attestation for New York Entities With No Employees and Certain Out of State Entities, That New York State Workers' Compensation and/or Disability Benefits Insurance Coverage is Not Required*, which is available on the Workers' Compensation Board's website ([www.wcb.ny.gov](http://www.wcb.ny.gov));
- Form DB-120.1, *Certificate of Disability Benefits Insurance*, sent to DOCCS by the Contractor's insurance carrier upon request; or
- Form DB-155, *Certificate of Disability Benefits Self-Insurance*, available from the New York State Workers' Compensation Board's Self-Insurance Office.

An instruction manual clarifying the New York State Workers' Compensation Law requirements is available for download at the New York State Workers' Compensation Board's website, <http://www.wcb.ny.gov>. Once on the site, click on the Employers/Businesses tab and then click on Employers' Handbook.

**ATTACHMENT E**  
**MWBE FORMS**

**CONTRACTOR REQUIREMENTS AND PROCEDURES FOR PARTICIPATION BY  
NEW YORK STATE CERTIFIED MINORITY AND WOMEN-OWNED BUSINESS  
ENTERPRISES AND EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITY  
GROUP MEMBERS AND WOMEN**

New York State Law: Pursuant to New York State Executive Law Article 15-A and Parts 140-145 of Title 5 of the New York Codes, Rules and Regulations DOCCS is required to promote opportunities for the maximum feasible participation of New York State-certified Minority and Women-owned Business Enterprises (“MWBEs”) and the employment of minority group members and women in the performance of DOCCS contracts.

**Business Participation Opportunities for MWBEs**

For purposes of this solicitation, DOCCS hereby establishes an overall goal of **0** percent for MWBE participation, **0** percent for New York State-certified Minority-owned Business Enterprise (“MBE”) participation and **0** percent for New York State-certified Women-owned Business Enterprise (“WBE”) participation (based on the current availability of MBEs and WBEs). A contractor (“Contractor”) on any contract resulting from this procurement (“Contract”) must document its good faith efforts to provide meaningful participation by MWBEs as subcontractors and suppliers in the performance of the Contract. To that end, by submitting a response to this RFP, the bidder agrees that DOCCS may withhold payment pursuant to any Contract awarded as a result of this RFP pending receipt of the required MWBE documentation. The directory of MWBEs can be viewed at: <https://ny.newnycontracts.com>. For guidance on how DOCCS will evaluate a Contractor’s “good faith efforts,” refer to 5 NYCRR § 142.8.

The bidder understands that only sums paid to MWBEs for the performance of a commercially useful function, as that term is defined in 5 NYCRR § 140.1, may be applied towards the achievement of the applicable MWBE participation goal.

The portion of a contract with an MWBE serving as a broker that shall be deemed to represent the commercially useful function performed by the MWBE shall be 25 percent of the total value of the contract.

In accordance with 5 NYCRR § 142.13, the bidder further acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in a Contract resulting from this solicitation, such finding constitutes a breach of contract and DOCCS may withhold payment as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (2) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.

By submitting a bid or proposal, a bidder agrees to demonstrate its good faith efforts to achieve the applicable MWBE participation goals by submitting evidence thereof through the New York State Contract System (“NYSCS”), which can be viewed at <https://ny.newnycontracts.com>, provided, however, that a bidder may arrange to provide such evidence via a non-electronic method by contacting the designated contact(s) for

this procurement. Additionally, a bidder will be required to submit the following documents and information as evidence of compliance with the foregoing:

1. An MWBE Utilization Plan with their bid or proposal. Any modifications or changes to an accepted MWBE Utilization Plan after the Contract award and during the term of the Contract must be reported on a revised MWBE Utilization Plan and submitted to DOCCS for review and approval.

DOCCS will review the submitted MWBE Utilization Plan and advise the bidder of DOCCS acceptance or issue a notice of deficiency within 30 days of receipt.

2. If a notice of deficiency is issued, the bidder will be required to respond to the notice of deficiency within seven (7) business days of receipt by submitting to DOCCS, a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by DOCCS to be inadequate, DOCCS shall notify the bidder and direct the bidder to submit, within five (5) business days, a request for a partial or total waiver of MWBE participation goals. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.

DOCCS may disqualify a bidder as being non-responsive under the following circumstances:

- a) If a bidder fails to submit an MWBE Utilization Plan;
- b) If a bidder fails to submit a written remedy to a notice of deficiency;
- c) If a bidder fails to submit a request for waiver; or
- d) If DOCCS determines that the bidder has failed to document good faith efforts.

The successful bidder will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made subsequent to Contract Award may be made at any time during the term of the Contract to DOCCS, but must be made no later than prior to the submission of a request for final payment on the Contract.

The successful bidder will be required to submit a quarterly M/WBE Contractor Compliance & Subcontractor Payment Report to DOCCS, by the 10<sup>th</sup> day following each end of quarter as applicable over the term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

### **Equal Employment Opportunity Requirements**

By submission of a bid or proposal in response to this solicitation, the bidder agrees with all of the terms and conditions of Appendix A – Standard Clauses for All New York State Contracts including Clause 12 - Equal Employment Opportunities for Minorities and Women. The bidder is required to ensure that it and any subcontractors awarded a subcontract for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the bidder, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities

without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

The bidder will be required to submit a Minority and Women-owned Business Enterprise and Equal Employment Opportunity Policy Statement to DOCCS with its bid or proposal.

If awarded a Contract, bidder shall submit a Workforce Utilization Report and shall require each of its Subcontractors to submit a Workforce Utilization Report, in such format as shall be required by DOCCS on a quarterly basis as required during the term of the Contract.

Further, pursuant to Article 15 of the Executive Law (the “Human Rights Law”), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

**Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.**

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

### M/WBE AND EEO POLICY STATEMENT

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

This organization will require its contractors and subcontractors to take good faith actions to achieve the M/WBE contract participation goals and provide Equal Employment Opportunities set by NYS DOCCS for the State-funded project by taking the following steps:

#### **M/WBE**

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

#### **EEO**

- military status, marital status, domestic violence victim status, arrest or conviction record, or predisposing genetic characteristics, and will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.
- (b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, marital status, domestic violence victim status, arrest or conviction record, or predisposing genetic characteristics.
- (c) At the request of the contracting agency, this organization shall request that each employment agency, labor union, or authorized representative will not discriminate on the basis of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, marital status, domestic violence victim status, arrest or conviction record, or predisposing genetic characteristics, and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.
- (d) This organization will include the provisions of sections (a) through (c) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

(a) This organization will not discriminate against any employee or applicant for employment because of race, religion/creed, color, national origin, sex, age, disability, sexual orientation,

Agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Sign: \_\_\_\_\_

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

**Minority/ Women Business Enterprise Liaison**

\_\_\_\_\_ is designated as the Minority/Women Business Enterprise Liaison  
(Name of Designated Liaison)

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

**M/WBE Contract Goals**

\_\_\_\_\_ % Minority and Women’s Business Enterprise Participation

\_\_\_\_\_ % Minority Business Enterprise Participation

\_\_\_\_\_ % Women’s Business Enterprise Participation

\_\_\_\_\_  
(Authorized Representative)

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

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

Contact:

**Department of Corrections and Community Supervision  
Support Operations / Contract Procurement Unit  
The Harriman State Campus  
1220 Washington Ave  
Albany, NY 12226**



**NEW YORK STATE  
DEPARTMENT OF CORRECTIONS  
AND COMMUNITY SUPERVISION**

**EEO STAFFING PLAN  
(EQUAL EMPLOYMENT OPPORTUNITY)**

**SUBMIT WITH BID OR PROPOSAL**

<b>Solicitation No.:</b>	<b>Reporting Entity:</b> <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor	Report includes Contractor's: <input type="checkbox"/> Contractor's workforce to be utilized on this contract <input type="checkbox"/> Contractor's total workforce <input type="checkbox"/> Subcontractor's workforce to be utilized on this contract <input type="checkbox"/> Subcontractor's total workforce
<b>Contractor/Subcontractor's Name:</b>		<b>Submit completed form to:</b> <b>Department of Corrections and Community Supervision</b> <b>Support Operations / Contract Procurement Unit</b> <b>The Harriman State Campus</b> <b>1220 Washington Ave</b> <b>Albany, NY 12226</b>
<b>Contractor/Subcontractor's Address:</b>		
<b>FEIN:</b>	<b>Telephone NO.:</b>	

Enter the total number of employees for each classification.

EEO Job Category	Total Workforce	Workforce by Gender		Workforce by Race/Ethnic Identification										Disabled		Veteran	
		Total Male	Total Female	White (Not Hispanic/Latino)		Black (Not Hispanic/Latino)		Hispanic or Latino		Asian (Not Hispanic/Latino)		American Indian or Alaskan Native(Not Hispanic/Latino)		(M)	(F)	(M)	(F)
		(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)
Executive/Senior Level Officials & Managers																	
First/Mid Level Officials & Managers																	
Professionals																	
Technicians																	
Sales Workers																	
Administrative Support Workers																	
Craft Workers																	
Operatives																	
Laborers and Helpers																	

Service Workers																	
Totals																	
<b>PREPARED BY (Signature):</b>								<b>TELEPHONE NO.:</b>				<b>DATE:</b>					
								<b>E-MAIL ADDRESS:</b>									
<b>NAME AND TITLE OF PREPARER (Print or Type):</b>										<b>FOR AGENCY USE ONLY</b>							
										<b>REVIEWED BY:</b>				<b>DATE:</b>			

**General instructions:** All Offerors must complete an EEO Staffing Plan (EEO 100) and submit it as part of the bid or proposal package to the address provided. Where the workforce to be utilized in the performance of the State contract can be separated out from the Contractor's total workforce, the Offeror shall complete this form only for the anticipated workforce to be utilized on the State contract. Where the workforce to be utilized in the performance of the State contract cannot be separated out from the Contractor's total workforce, the Offeror shall complete this form for the Contractor's current total workforce. Subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "work") except where the "work" is for the beneficial use of the Contractor must complete this form upon request of DOCCS.

**Instructions for completing:**

1. Enter the Solicitation Number that this report applies to along with the name and address of the Offeror.
2. Check off the appropriate box to indicate if the Offeror completing the report is the Contractor or a Subcontractor.
3. Check off the appropriate box to indicate type of workforce being reported.
4. Enter the total workforce by EEO job category.
5. Break down the total workforce by gender and enter under the heading "Workforce by Gender."
6. Break down the total workforce by race/ethnic background and enter under the heading "Workforce by Race/Ethnic Identification."
7. Enter the name, title, phone number, and E-mail address for the person completing the form. Sign and date the form in the designated boxes.

**RACE/ETHNIC IDENTIFICATION**

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

**WHITE** - (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**BLACK** - (Not of Hispanic origin) A person who has origins in any of the black racial groups of Africa.

**HISPANIC or LATINO** - All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race

**ASIAN & PACIFIC ISLANDER** - All persons 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. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.

**AMERICAN INDIAN or ALASKAN NATIVE** - A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community recognition.

**OTHER CATEGORIES**

- **DISABLED INDIVIDUAL** - Any person who:
  - Has a physical or mental impairment that substantially limits one or more major life activity (ies)
  - Has a record of such an impairment; or
  - Is regarded as having such impairment.
- **VETERAN** - An individual who served in the military during time of war.



**NEW YORK STATE  
DEPARTMENT OF CORRECTIONS  
AND COMMUNITY SUPERVISION**

**M/WBE UTILIZATION PLAN**

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

Contactor's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_  
 Solicitation/Contract Number: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

Region/Location of Work: \_\_\_\_\_

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

1. Certified M/WBE Subcontractors/Suppliers Name, Address, Email Address, and Telephone No.	2. Classification	3. Detailed Description of Work/Purchase (Attach additional sheets, if necessary)	4. Dollar Value of Subcontracts/Supplies/Services and intended performance dates of each component of the contract.
A.	<b>NYS ESD CERTIFIED</b> <input type="checkbox"/> MBE <input type="checkbox"/> WBE Federal ID No. _____		
B.	<b>NYS ESD CERTIFIED</b> <input type="checkbox"/> MBE <input type="checkbox"/> WBE Federal ID No. _____		
C.	<b>NYS ESD CERTIFIED</b> <input type="checkbox"/> MBE <input type="checkbox"/> WBE Federal ID No. _____		

**IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER. TO THE CONTRACTING UNIT.**

Submission of this form constitutes the Contractor's acknowledgement and agreement to comply with the M/WBE requirements set forth under NYS Executive Law, Article 15-A and 5 NYCRR Part 142. Failure to submit complete and accurate information may result in a finding of noncompliance or rejection of the bid/proposal and/or suspension or termination of the contract.

**NAME AND TITLE OF PREPARER (Print or Type):**

**SUBMIT COMPLETED FORM TO:**  
 Department of Corrections and Community Supervision  
 Support Operations / Contract Procurement Unit  
 The Harriman State Campus  
 1220 Washington Ave  
 Albany, NY 12226

**SIGNATURE AND DATE:**

**FOR AGENCY USE ONLY**

**REVIEWED BY:**

**DATE:**

**UTILIZATION PLAN APPROVED:**  YES  NO **Date:** \_\_\_\_\_

**Contract No:** \_\_\_\_\_

**Contract Award Date:** \_\_\_\_\_

**Estimated Date of Completion:** \_\_\_\_\_

**Amount Obligated Under the Contract:** \_\_\_\_\_

**NOTICE OF DEFICIENCY ISSUED:**  YES  NO **Date:** \_\_\_\_\_

**NOTICE OF ACCEPTANCE ISSUED:**  YES  NO **Date:** \_\_\_\_\_

**Instructions:**

1. Contractor Information: Enter contractor name, address, and federal employer identification number (FEIN).
2. Region/Location of Work: Enter region/location of work or facility name.
3. Project M/WBE Goals: Enter M/WBE Project Goals. These goals are to be accomplished by subcontracting with NYS certified M/WBE's.
4. Subcontractor: NYS Certified M/WBE Information: Enter name of certified M/WBE, address, telephone number, and Federal ID number. Verify in the Directory of Certified Minority and Women-Owned Businesses available at: [www.esd.ny.gov/mwbe.html](http://www.esd.ny.gov/mwbe.html) that they are a NYS certified minority or women-owned business.
5. Indicate certification type: MBE, WBE or both by checking the appropriate boxes, Y (Yes) or N (No).
6. Describe the type of services the M/WBE vendors will provide in relation to the contract, and estimate the amount the contractor will spend with these vendors.

**Special Note:** This section does not need to be completed if the contractor is a certified minority and women-owned business enterprise (dual certified) and responsible for one hundred percent of the contract performance. If this is the case, proceed to the signature section and attach a printout from the Directory of Certified Minority and Women-Owned Businesses available at: [www.esd.ny.gov/mwbe.html](http://www.esd.ny.gov/mwbe.html) showing the Contractor is a dual New York certified M/WBE. If the contractor is a NYS certified minority-owned business enterprise (MBE) or women-owned business enterprise (WBE), this section needs to be completed to satisfy the goal for which the Contractor is not certified. For example, if the Contractor is a NYS certified MBE, the Contractor is required to subcontract with a NYS certified WBE to achieve the WBE project goals.

7. Signature Section: Sign, print name, and date.

**ATTACHMENT F**  
**LEGAL FORMS**

## PROCUREMENT LOBBYING CERTIFICATION

By signing, the offerer/bidder affirms that it understands and agrees to comply with the NYS Office of General Services (OGS) procedures relative to permissible contacts, as required by State Finance Law §139-j and §139-k.

Procurement Lobbying information can be accessed at:

<http://www.ogs.ny.gov/aboutogs/regulations/advisoryCouncil/sfl139-j.htm> and  
<http://www.ogs.ny.gov/aboutogs/regulations/advisoryCouncil/sfl139-k.htm>

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

### **Prior Non-Responsibility Determinations – State Finance Law §139-k**

1. Has any Government Entity made a finding of non-responsibility against this organization/company? **No** **Yes**
  
2. If yes, was the basis for the finding of non-responsibility due to a violation of SFL§139-j or due to the intentional provision of false or incomplete information to a Government Entity? **No** **Yes**
  
3. Has any Government Entity terminated or withheld a procurement contract with this organization/company due to the intentional provision of false or incomplete information? **No** **Yes**

*If yes to any of the above questions, provide complete details on a separate page and attach.*

### **Offerer Certification:**

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

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

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

### **Procurement Lobbying Termination**

DOCCS reserves the right to terminate this contract in the event it is found that the certification filed by the Offeror/bidder in accordance with New York State Finance Law §139-k was intentionally false or intentionally incomplete. Upon such finding, DOCCS may exercise its termination right by providing written notice to the Offeror/bidder in accordance with the written notification terms of the contract.

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## Disclosure of New York State Department of Corrections and Community Supervision Information

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**THIS NONDISCLOSURE AGREEMENT** is entered into as of \_\_\_\_\_, 20\_\_ by the New York State Department of Corrections and Community Supervision (“DOCCS”) which is the party disclosing confidential information, and **(CONTRACTOR NAME)**, which is the party receiving confidential information (“Recipient”), in order to protect the confidential information which is disclosed to the Recipient by DOCCS.

**NOW THEREFORE**, in consideration of the mutual covenants contained herein, the parties hereto agree as follows:

1. The Recipient’s representatives for receiving confidential information are: \_\_\_\_\_ . Recipient shall not disclose the confidential information to any of its employees other than those who have a need to review it and which employees are legally obligated to honor the confidentiality provisions herein.

2. The confidential information disclosed by DOCCS under this Agreement is described as:  
\_\_\_\_\_.

3. The Recipient shall keep the information confidential and shall use the confidential information only for **Contract #** .  
The Recipient shall not make any copies of the confidential information except as necessary for its employees who are entitled to view it under Section 1 above. Any copies made shall be identified as belonging to DOCCS and marked “confidential” or with a similar legend.

4. The Recipient shall, where applicable, protect the confidential information in a manner consistent with the Health Insurance Portability and Accountability Act (“HIPAA”) of 1996 Privacy and Security provisions and all other applicable regulations.

5. The Recipient shall comply with all Federal and State regulations intended to protect criminal history records as they apply to the confidential information.

6. The Recipient shall comply with all DOCCS directives, policies, practices and procedures as they apply to the protection of the confidential information.

7. The Recipient shall, in the event, of unauthorized disclosure of the confidential information, immediately notify DOCCS, in writing, and fully comply with the requirements of the New York State Breach Notification Act.

8. Any unauthorized disclosure of procurement information may subject Recipient to criminal, civil, and/or administrative penalties.

9. To the extent permitted by law, the Recipient shall protect the disclosed confidential information by using the same degree of care, but no less than a reasonable degree of care, to prevent the unauthorized use, dissemination or publication of the confidential information as the Recipient uses to protect its own confidential information of a like nature.

10. The Recipient shall have a duty to protect all confidential information which is disclosed to it, whether disclosed in writing, orally or in any other manner and which is identified as confidential at the time of disclosure. If the disclosure is in writing, it shall be marked “**confidential**.” If a disclosure is not in writing, DOCCS shall provide Recipient with a written memorandum summarizing and designating such information as confidential within thirty (30) days of the disclosure.

11. This agreement controls information that is disclosed to Recipient between **through . (ENTER START AND END DATES)**

12. The Recipient’s duties under paragraph 3,4,5,6 & 7 of this Agreement shall expire (1) year after the information is received. The recipient shall return or destroy all DOCCS confidential information. All paper documents and any copies, made in accordance with #3 above, are to be shredded. Electronically stored information is to be destroyed by shredding or securely wiping the media.

13. This Agreement imposes no obligation upon the Recipient with respect to confidential information which (a) was in the Recipient’s possession before receipt by DOCCS; (b) is or becomes a matter of public knowledge through no fault of the Recipient; (c) is received by the Recipient from a third party without a duty of confidentiality; (d) is disclosed by DOCCS to a third party without a duty of confidentiality on the third party; (e) is independently disclosed by the Recipient with DOCCS’ prior written approval; (f) is developed by the Recipient without reference to information disclosed hereunder.

14. DOCCS warrants that it has the right to make the disclosure under this Agreement.

15. Neither party acquires any intellectual property under this Agreement.

16. Neither party has an obligation under this Agreement to purchase, sell or license any service or item from the other party.

17. The Recipient shall adhere to U.S. Export Administration laws and Regulations and shall not export or re-export technical data, information or products received from DOCCS or the direct product of such technical data or information to any proscribed country listed in the U.S. Export Administration Regulations, unless properly authorized by the U.S. Government.

18. The parties do not intend that any agency or partnership be created between them by this Agreement.

19. All additions or modifications to this Agreement must be in writing and signed by both parties.

20. This Agreement is made under and shall be governed by the laws of the State of New York.

21. Neither party may assign its rights or obligations under this Agreement without the written consent of the other party. Any assignment made without said consent shall be null and void.

22. The recipient shall indemnify and hold harmless DOCCS and the State of New York from any and all suits, causes of actions, claims, grievances, damages, judgments, and costs of every name and description under this Agreement, unless such injuries or damages are directly attributable to the intentional acts or negligent conduct of DOCCS, the State of New York, or their employees.

23. The failure of DOCCS to insist upon strict adherence to any provision or other requirement of this Agreement shall not be considered a waiver to deprive DOCCS of the right to insist upon strict adherence of the terms of this Agreement in the future.

24. If any provision, or portion thereof, of this Agreement is, or becomes, invalid under any applicable statute or rule of law, it is to be deemed stricken and the rest of this Agreement shall remain in full force and effect.

25. This Agreement may be terminated immediately by either party upon delivery of written notice of termination to the other party. Such termination shall not affect Recipient's duty with respect to confidential information disclosed prior to termination.

**IN WITNESS WHEREOF**, the parties hereto have executed this Agreement as of the date first above written.

NYS Department of Corrections and  
Community Supervision

**CONTRACTOR NAME**

By: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: Sandra L. Downey

Print Name: \_\_\_\_\_

Title: Director, Budget and Finance

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

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

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

**ATTACHMENT G**  
**PROGRAM FORMS**





# Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

## Visitor Hospitality – Expense Report

Contractor:

Contract #: NYS Vendor ID#:

Payment Period (Please check one):

07/01/17 – 08/31/17  
 01/01/18 – 02/28/18

09/01/17 – 10/31/17  
 03/01/18 – 04/30/18

11/01/17 – 12/31/17  
 05/01/18 – 06/30/18

Form Completed by:

Date:

Phone #:

Items of Expense	Approved Contract Budget	Expenses this Period	Total Spent, Cumulative to Date	Funds Remaining (Budget minus spent to date)
Personnel				
Fringe				
Other (list by category)*				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
Totals		**		

\* Expense items listed must conform to the approved budget in the Contract. For any expense of \$100 or more, attach receipt with explanation or description of the expense.

\*\* Enter this total on the voucher.

Return completed form to:  
[Lisa.Brennan@doocs.ny.gov](mailto:Lisa.Brennan@doocs.ny.gov)

OR

Lisa Brennan, Assistant Director  
Family & Volunteer Services  
NYS Department of Corrections & Community Supervision  
1220 Washington Avenue  
State Campus – Building #2  
Albany, NY 12226



## Attachment H - Diversity Practices Questionnaire

I, \_\_\_\_\_, as \_\_\_\_\_ (title) of \_\_\_\_\_ firm or company (hereafter referred to as the company), swear and/or affirm under penalty of perjury that the answers submitted to the following questions are complete and accurate to the best of my knowledge:

1. Does your company have a Chief Diversity Officer or other individual who is tasked with supplier diversity initiatives?

(circle one)

**YES or NO**

If YES, provide the name, title, description of duties, and evidence of initiatives performed by this individual or individuals.

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DUTIES and EVIDENCE of INITIATIVES PERFORMED:**

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2. What percentage of your company's gross revenues (from your prior fiscal year) was paid to New York State certified minority and/or women-owned business enterprises as subcontractors, suppliers, joint-venturers, partners or other similar arrangement for the provision of goods or services to your company's clients or customers?

**PERCENTAGE:** \_\_\_\_\_%

3. What percentage of your company's overhead (i.e. those expenditures that are not directly related to the provision of goods or services to your company's clients or customers) or non-contract-related expenses (from your prior fiscal year) was paid to New York State certified minority- and women-owned business enterprises as suppliers/contractors?<sup>1</sup>

**PERCENTAGE:** \_\_\_\_\_%

4. Does your company provide technical training<sup>2</sup> to minority- and women-owned business enterprises?

(circle one)

**YES or NO**

<sup>1</sup> Do not include onsite project overhead.

<sup>2</sup> Technical training is the process of teaching employees how to more accurately and thoroughly perform the technical components of their jobs. Training can include technology applications, products, sales and service tactics, and more. Technical skills are job-specific as opposed to soft skills, which are transferable.

If YES, provide a description of such training which should include, but not be limited to, the date the program was initiated, the names and the number of minority- and women-owned business enterprises participating in such training, the number of years such training has been offered and the number of hours per year for which such training occurs.

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5. Is your company participating in a government approved minority- and women-owned business enterprise mentor-protégé program?

(circle one) **YES or NO**

If YES, identify the governmental mentoring program in which your company participates and provide evidence demonstrating the extent of your company's commitment to the governmental mentoring program.

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6. Does your company include specific quantitative goals for the utilization of minority- and women-owned business enterprises in its non-government procurements?

(circle one) **YES or NO**

If Yes, provide a description of such non-government procurements (including time period, goal, scope and dollar amount) and indicate the percentage of the goals that were attained.

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7. Does your company have a formal minority- and women-owned business enterprise supplier diversity program?

(circle one) **YES or NO**

If YES, provide documentation of program activities and a copy of policy or program materials.

8. Does your company plan to enter into partnering or subcontracting agreements with New York State certified minority- and women-owned business enterprises if selected as the successful respondent?

(circle one) **YES or NO**

If YES, complete the attached Utilization Plan

All information provided in connection with the questionnaire is subject to audit and any fraudulent statements are subject to criminal prosecution and debarment.

Signature of  
Owner/Official  
Printed Name of  
Signatory

\_\_\_\_\_

Title

\_\_\_\_\_

Name of Business

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

STATE OF \_\_\_\_\_ )

) SS.:

COUNTY OF \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_, before me, the undersigned, a Notary Public in and for the State of \_\_\_\_\_, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this certification and said person executed this instrument.

\_\_\_\_\_  
Notary Public



**NEW YORK STATE  
DEPARTMENT OF CORRECTIONS  
AND COMMUNITY SUPERVISION**

**M/WBE UTILIZATION PLAN**

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

Contactor's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_  
 Solicitation/Contract Number: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

Region/Location of Work: \_\_\_\_\_

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

1. Certified M/WBE Subcontractors/Suppliers Name, Address, Email Address, and Telephone No.	2. Classification	3. Detailed Description of Work/Purchase (Attach additional sheets, if necessary)	4. Dollar Value of Subcontracts/Supplies/Services and intended performance dates of each component of the contract.
A.	<b>NYS ESD CERTIFIED</b> <input type="checkbox"/> MBE <input type="checkbox"/> WBE Federal ID No. _____		
B.	<b>NYS ESD CERTIFIED</b> <input type="checkbox"/> MBE <input type="checkbox"/> WBE Federal ID No. _____		
C.	<b>NYS ESD CERTIFIED</b> <input type="checkbox"/> MBE <input type="checkbox"/> WBE Federal ID No. _____		

**IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER. TO THE CONTRACTING UNIT.**

Submission of this form constitutes the Contractor's acknowledgement and agreement to comply with the M/WBE requirements set forth under NYS Executive Law, Article 15-A and 5 NYCRR Part 142. Failure to submit complete and accurate information may result in a finding of noncompliance or rejection of the bid/proposal and/or suspension or termination of the contract.

**NAME AND TITLE OF PREPARER (Print or Type):**

**SUBMIT COMPLETED FORM TO:**  
 Department of Corrections and Community Supervision  
 Support Operations / Contract Procurement Unit  
 The Harriman State Campus  
 1220 Washington Ave  
 Albany, NY 12226

**SIGNATURE AND DATE:**

**FOR AGENCY USE ONLY**

**REVIEWED BY:**

**DATE:**

**UTILIZATION PLAN APPROVED:**  YES  NO **Date:** \_\_\_\_\_

**Contract No:** \_\_\_\_\_

**Contract Award Date:** \_\_\_\_\_

**Estimated Date of Completion:** \_\_\_\_\_

**Amount Obligated Under the Contract:** \_\_\_\_\_

**NOTICE OF DEFICIENCY ISSUED:**  YES  NO **Date:** \_\_\_\_\_

**NOTICE OF ACCEPTANCE ISSUED:**  YES  NO **Date:** \_\_\_\_\_

**Instructions:**

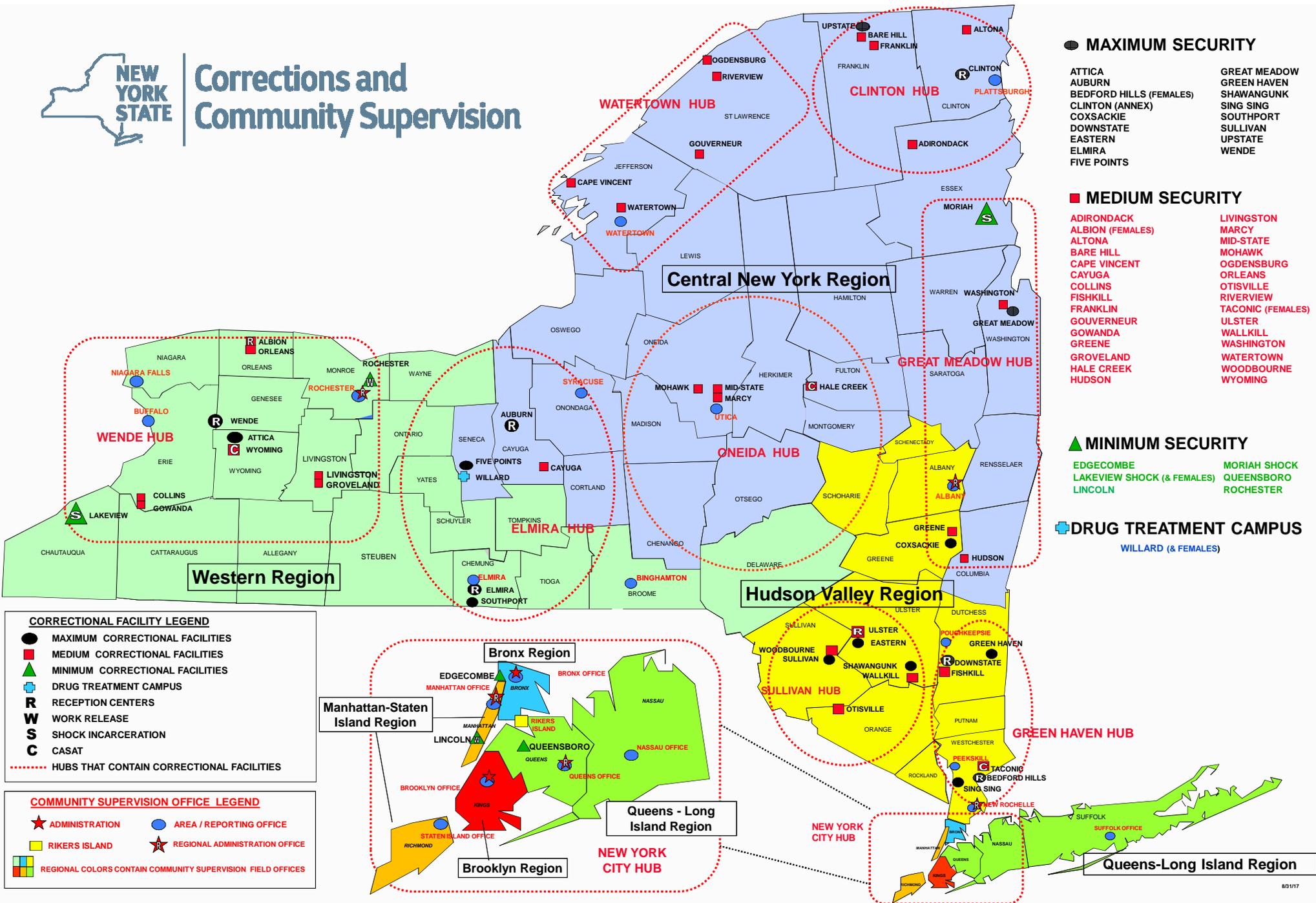
1. Contractor Information: Enter contractor name, address, and federal employer identification number (FEIN).
2. Region/Location of Work: Enter region/location of work or facility name.
3. Project M/WBE Goals: Enter M/WBE Project Goals. These goals are to be accomplished by subcontracting with NYS certified M/WBE's.
4. Subcontractor: NYS Certified M/WBE Information: Enter name of certified M/WBE, address, telephone number, and Federal ID number. Verify in the Directory of Certified Minority and Women-Owned Businesses available at: [www.esd.ny.gov/mwbe.html](http://www.esd.ny.gov/mwbe.html) that they are a NYS certified minority or women-owned business.
5. Indicate certification type: MBE, WBE or both by checking the appropriate boxes, Y (Yes) or N (No).
6. Describe the type of services the M/WBE vendors will provide in relation to the contract, and estimate the amount the contractor will spend with these vendors.

**Special Note:** This section does not need to be completed if the contractor is a certified minority and women-owned business enterprise (dual certified) and responsible for one hundred percent of the contract performance. If this is the case, proceed to the signature section and attach a printout from the Directory of Certified Minority and Women-Owned Businesses available at: [www.esd.ny.gov/mwbe.html](http://www.esd.ny.gov/mwbe.html) showing the Contractor is a dual New York certified M/WBE. If the contractor is a NYS certified minority-owned business enterprise (MBE) or women-owned business enterprise (WBE), this section needs to be completed to satisfy the goal for which the Contractor is not certified. For example, if the Contractor is a NYS certified MBE, the Contractor is required to subcontract with a NYS certified WBE to achieve the WBE project goals.

7. Signature Section: Sign, print name, and date.



# Corrections and Community Supervision



### ● MAXIMUM SECURITY

- ATTICA
- AUBURN
- BEDFORD HILLS (FEMALES)
- CLINTON (ANNEX)
- COXSACKIE
- DOWNSTATE
- EASTERN
- ELMIRA
- FIVE POINTS
- GREAT MEADOW
- GREEN HAVEN
- SHAWANGUNK
- SING SING
- SOUTHPORT
- SULLIVAN
- UPSTATE
- WENDE

### ■ MEDIUM SECURITY

- ADIRONDACK
- ALBION (FEMALES)
- ALTONA
- BARE HILL
- CAPE VINCENT
- CAYUGA
- COLLINS
- FISHKILL
- FRANKLIN
- GOVERNEUR
- GOWANDA
- GREENE
- GROVELAND
- HALE CREEK
- HUDSON
- LIVINGSTON
- MARCY
- MID-STATE
- MOHAWK
- OGDENSBURG
- ORLEANS
- OTISVILLE
- RIVERVIEW
- TACONIC (FEMALES)
- ULSTER
- WALLKILL
- WASHINGTON
- WATERTOWN
- WOODBOURNE
- WYOMING

### ▲ MINIMUM SECURITY

- EDGECOMBE
- LAKEVIEW SHOCK (& FEMALES)
- LINCOLN
- MORIAH SHOCK
- QUEENSBORO
- ROCHESTER

### ⊕ DRUG TREATMENT CAMPUS

- WILLARD (& FEMALES)

**CORRECTIONAL FACILITY LEGEND**

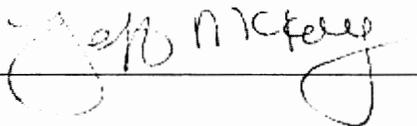
- MAXIMUM CORRECTIONAL FACILITIES
- MEDIUM CORRECTIONAL FACILITIES
- ▲ MINIMUM CORRECTIONAL FACILITIES
- ⊕ DRUG TREATMENT CAMPUS
- R RECEPTION CENTERS
- W WORK RELEASE
- S SHOCK INCARCERATION
- C CASAT
- ..... HUBS THAT CONTAIN CORRECTIONAL FACILITIES

**COMMUNITY SUPERVISION OFFICE LEGEND**

- ★ ADMINISTRATION
- AREA / REPORTING OFFICE
- RIKERS ISLAND
- ★ REGIONAL ADMINISTRATION OFFICE
- REGIONAL COLORS CONTAIN COMMUNITY SUPERVISION FIELD OFFICES

Facility	Saturday Staff Coverage	Hours	Sunday Staff Coverage	Hours	Tuesday & Thursday Staff Coverage (4 Hours Each Day)	Hours	Memorial Day, Fourth of July, Thanksgiving, and Christmas Coverage Hours	Avg # of Visitors Per Day (Oct-Dec 2016)	Avg # of Visitors Per Day (Apr-Jun 2017)	NOTES
Adirondack	7:30 a.m. - 12:30 p.m.	5	7:30 a.m. - 12:30 p.m.	5		0	7:30 a.m. - 12:30 p.m.	32	33	
Albion	7:15 a.m. - 3:00 p.m.	6.75	7:15 a.m. - 3:00 p.m.	6.75		0	7:15 a.m. - 3:00 p.m.	57	63	
Altona	6:00 a.m. - 11:00 a.m.	5	6:00 a.m. - 11:00 a.m.	5		0	6:00 a.m. - 11:00 a.m.	28	37	
Attica	7:30 a.m. - 4:00 p.m.	8.5	7:30 a.m. - 4:00 p.m.	8.5		0	7:30 a.m. - 4:00 p.m.	65	72	needs 2 staff per day
Auburn	8:30 a.m. - 1:30 p.m.	5	8:30 a.m. - 1:30 p.m.	5	8:30 a.m. - 12:30 p.m.	4	8:30 a.m. - 1:30 p.m.	58	63	
Bare Hill	5:00 a.m. - 10:00 a.m.	5	6:30 a.m. - 10:30 a.m.	4		0	6:30 a.m. - 10:30 a.m.	78	54	
Bedford Hills	8:00 a.m. - 1:00 p.m.	5	8:00 a.m. - 1:00 p.m.	5		0	8:00 a.m. - 1:00 p.m.	79	68	
Cape Vincent	6:00 a.m. - 11:00 a.m.	5	6:00 a.m. - 11:00 a.m.	5		0	6:00 a.m. - 11:00 a.m.	34	44	
Cayuga	7:00 a.m. - Noon	5	7:00 a.m. - Noon	5		0	7:00 a.m. - Noon	110	78	
Clinton Annex	5:00 a.m. - 10:00 a.m.	5	5:00 a.m. - 10:00 a.m.	5		0	5:00 a.m. - 10:00 a.m.	20	19	
Clinton Main	5:00 a.m. - 10:00 a.m.	5	5:00 a.m. - 10:00 a.m.	5		0	5:00 a.m. - 10:00 a.m.	36	34	
Coxsackie	8:00 a.m. - 2:00 p.m.	6	8:00 a.m. - 2:00 p.m.	6		0	8:00 a.m. - 2:00 p.m.	50	49	
Elmira	7:00 a.m. - 3:00 p.m.	8	7:00 a.m. - 3:00 pm.	8		0	7:00 a.m. - 3:00 pm.	26	26	
Franklin	5:00 a.m. - 10:00 a.m.	5	5:00 a.m. - 10:00 a.m.	5		0	5:00 a.m. - 10:00 a.m.	100	87	
Greene	7:00 a.m. - 7:00 p.m.	12	7:00 a.m. - 7:00 p.m.	12		0	7:00 a.m. - 7:00 p.m.	135	143	
Gouverneur	7:30 a.m. - 12:30 p.m.	5	7:30 a.m. - 12:30 p.m.	5		0	7:30 a.m. - 12:30 p.m.	58	68	
Groveland	7:00 a.m. - 2:15 p.m.	7.25	7:00 a.m. - 2:15 p.m.	7.25		0	7:00 a.m. - 2:15 p.m.	245	235	
Hale Creek	9:00 a.m. - 2:30 p.m.	5.5	9:00 a.m. - 2:30 p.m.	5.5		0	9:00 a.m. - 2:30 p.m.	47	54	
Hudson	9:00 a.m. - 1:00 p.m.	4	9:00 a.m. - 1:00 p.m.	4		0	9:00 a.m. - 1:00 p.m.	9	15	

<b>Lakeview</b>	8:30 a.m. - 1:30 p.m.	5	8:30 a.m. - 1:30 p.m.	5	0	8:30 a.m. - 1:30 p.m.	73	84
<b>Livingston</b>	7:00 a.m. - Noon	5	7:00 a.m. - Noon	5	0	7:00 a.m. - Noon	94	109
<b>Marcy</b>	7:00 a.m. - 3:00 p.m.	8	7:00 a.m. - 3:00 p.m.	8	0	7:00 a.m. - 3:00 p.m.	133	113
<b>Mid-State</b>	8:30 a.m. - 1:30 p.m.	5	8:30 a.m. - 1:30 p.m.	5	0	8:30 a.m. - 1:30 p.m.	117	90
<b>Mohawk</b>	7:00 a.m. - noon	5	7:00 a.m. - Noon	5	0	7:00 a.m. - Noon	114	114
<b>Ogdensburg</b>	6:30 a.m. - Noon	5.5	6:30 a.m. - Noon	5.5	0	6:30 a.m. - Noon	32	45
<b>Orleans</b>	7:00 - 6:00 p.m.	11	7:00 a.m. - 2:30 p.m.	5.5	0	7:00 a.m. - 2:30 p.m.	106	86
<b>Riverview</b>	7:30 a.m. - 12:30 p.m.	5	7:30 a.m. - 12:30 p.m.	5	0	7:30 a.m. - 12:30 p.m.	64	53
<b>Sing Sing</b>	8:00 a.m. - 11:00 a.m.	3	8:00 a.m. - 11:00 a.m.	3	0	8:00 a.m. - 11:00 a.m.	110	110
<b>Upstate</b>	5:00 a.m. - 10:00 a.m.	5	5:00 a.m. - 10:00 a.m.	5	0	5:00 a.m. - 10:00 a.m.	55	68
<b>Washington</b>	7:00 a.m. - Noon	5	7:00 a.m. - Noon	5	0	7:00 a.m. - Noon	94	103
<b>Watertown</b>	6:30 a.m. - 11:30 a.m.	5	6:30 a.m. - 11:30 a.m.	5	0	6:30 a.m. - 11:30 a.m.	51	42
<b>Wende</b>	7:15 a.m. - 10:50 a.m.	3.75	7:15 a.m. - 10:50 a.m.	3.75	0	7:15 a.m. - 10:50 a.m.	43	39
<b>Wyoming</b>	7:30 a.m. - 11:30 a.m.	4	7:30 a.m. - 11:30 a.m.	4	0	7:30 a.m. - 11:30 a.m.	140	149

 <b>Corrections and Community Supervision</b>  <b>DIRECTIVE</b>	TITLE  <b>Volunteer Services Program</b>		NO. 4750
			DATE 2/8/2016
SUPERSEDES DIR #4750 Dtd. 03/07/2013	DISTRIBUTION A B	PAGES PAGE 1 OF 14	DATE LAST REVISED
REFERENCES (Include but are not limited to) Program Services Manual; Public Officers Law, Section 17; Penal Law 130.05; DOCCS Training Manual, Executive Order No. 6; DOCCS Directives	APPROVING AUTHORITY  		

- I. **PURPOSE:** This directive establishes Department of Corrections and Community Supervision (DOCCS) policies and procedures for the administration and supervision of the Volunteer Services Program.
- II. **PROGRAM GOALS:** The Volunteer Services Program is designed to promote the involvement of responsible community persons in the continuum of services and programs made available to the incarcerated inmate and his or her family.
- III. **PROGRAM ADMINISTRATION AND SUPERVISION**
  - A. The Director of Ministerial, Family and Volunteer Services is responsible for the administration of the Statewide Volunteer Services Program.
  - B. The Assistant Director of Family and Volunteer Services reports to the Director of Ministerial, Family and Volunteer Services, and is responsible for the day to day administration of Volunteer Services. The Assistant Director supervises the Regional Coordinators of Correctional Volunteers (RCCV).
  - C. RCCVs provide policy direction and serve as the liaison between Central Office and facility staff. They are program consultants to the Deputy Superintendents for Program Services (DSP) and Supervisors of Correctional Facility Volunteer Services (SCFVS), facility staff and community groups and organizations. They are also responsible for the review of Volunteer Services purchase requests and for monitoring the Volunteer Services Program in their regions.
  - D. Facility Superintendents must review each new request for a volunteer, volunteer group, or volunteer program.
  - E. DSPs are responsible for the overall management of their facility's Volunteer Services Program and the activity of the individual assigned as the Volunteer Services Contact Person (VSCP), as well as the Program Staff Supervisors who supervise volunteer programs. They assist the SCFVS in identifying volunteer services needs and assure that all required volunteer services reports are submitted in a timely manner. With the SCFVS, they review all applicants with previous convictions and ensure that all volunteers are properly registered. The DSPs are also responsible for maintaining a complete list of active volunteers and volunteer programs at their facility.

Note: The DSP at a facility where a SCFVS is based is responsible for the day to day supervision of that SCFVS, together with the RCCV, as well as ensuring that the SCFVS provides adequate, scheduled service to their assigned facilities.

- F. The SCFVS, under the direction of a RCCV and a DSP, recruits and orients community persons and staff to work as volunteers in a correctional setting. They are also responsible for the completion of the annual "Volunteer Program Evaluations" (Form #MFVS3085; reference Program Services Manual), at each of their assigned facilities and promoting effective relations between volunteers and staff. They are responsible for training and support of the facility VSCP. They may assist in community/public relations if so designated by their Superintendent.
- G. The VSCP, appointed by the Superintendent, will be responsible for the coordination of the Volunteer Services Program at each facility. Tasks will include, but not necessarily be limited to: the maintenance, care and security of volunteer files, the processing of applications, the preparation of Volunteer Services gate clearances, and statistical gathering for monthly reports that will need to be reviewed and approved by the DSP. For purposes of supervision, they will report to the DSP and a SCFVS. Their annual performance evaluation should reflect their additional duties as the facility VSCP, with input provided by the SCFVS.
- H. Volunteer Staff Supervisors are responsible for conducting screening interviews using the "Report of Interview of Volunteer Applicant" (Form #MFVS3082; reference Program Services Manual), with potential volunteers who apply to provide a service in their respective program area. They are also responsible for the training and direct supervision of these volunteers and for providing annual volunteer reviews, using the "Volunteer Feedback & Assessment" (Form #MFVS3086; reference Program Services Manual), to the SCFVS for all of their volunteers who provide a service to the facility on a regular basis. This individual should not supervise more than 40 volunteers.

#### IV. TYPES OF VOLUNTEERS

- A. Volunteer: A volunteer is a person who is authorized to provide a service to the Department or its inmates without compensation from any source. A volunteer is required to comply with the rules, regulations, and guidelines required of Department employees and its volunteers. The Department makes no representations to volunteers about the applicability of either Workers' Compensation benefits or representation and indemnification under the Public Officers Law. Inquiries should be directed to either the Workers' Compensation Board Bureau of Compliance or to the Office of the Attorney General. A volunteer is subject to all of the policies and procedures as referenced in Section IX of this directive and in the "STANDARDS OF CONDUCT FOR VOLUNTEERS WITHIN THE NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION," Form #4750C. Volunteers are expected to support the Departmental Mission and are not to portray the Department in a negative fashion.
1. **Paid Professional**: This category of volunteer often represents his or her employer and provides a service to the Department. These individuals, though paid by the employer to provide the service, are defined as volunteers and registration, orientation, and TB testing requirements are the same as for regular volunteers. Volunteers providing professional services will be required to provide documentation that they are certified, licensed, and/or otherwise qualified to provide the service for which they are applying.

2. Department Personnel: Department personnel may provide a volunteer service if that service is clearly different from their paid work assignment and it has been approved by the Superintendent and the DSP at the facility where the employee works. Note: Ex-employees who have been terminated, or who have resigned rather than face dismissal, will not be allowed to volunteer.
3. Foreign National: A foreign national will be considered for volunteer programs provided they can produce valid identification and documentation that they are in this country legally.
4. Religious Volunteer and Spiritual Advisor: All volunteers requesting involvement in religious programs must be reviewed and approved by the Coordinating Chaplain and appropriate Chaplain of the faith group involved, if one is assigned to the facility. As outlined in Section III-H, the appropriate Chaplain must also conduct a screening interview of the prospective volunteer, and document this interview which will be placed in the volunteer's file. If the volunteer represents a religious organization from the community, but is to be assigned to a non-religious assignment, approval by the facility Coordinating Chaplain and appropriate Chaplain of the faith group is not required. Volunteers representing religious organizations must be advised not to proselytize (attempt to persuade someone to convert to one's faith) among inmates.

A Spiritual Advisor is an individual who, with the written endorsement of a bona fide ecclesiastical body, has been identified as a religious volunteer capable of providing spiritual advice and direction to inmates of that particular faith group on an individual basis.

Spiritual Advisors who have obtained volunteer status approval from the Department must request an exemption from the prohibition concerning visitation, correspondence, and phone calls from inmates as outlined in Section IV-C-4-b of this directive. In addition, the following procedures must be followed:

- a. Provide documentation to the Coordinating Chaplain stating that a pastoral relationship with the inmate(s) existed prior to incarceration.
- b. Provide written endorsement from a bona fide ecclesiastical body identifying the volunteer as a cleric or lay person who can function in this capacity.
- c. Provide to the Coordinating Chaplain a written description of the volunteer's activities in the role of Spiritual Advisor, including a list of the names of inmates who will meet with the volunteer. This description must be reviewed by the Chaplain in charge of the faith group involved.

It shall be the responsibility of the Coordinating Chaplain to obtain these documents prior to commencement of an inmate-Spiritual Advisor relationship and maintain said documents for the duration of said service.

5. Persons with Criminal History: Volunteer applicants with an arrest and/or conviction history shall not be automatically disqualified to serve. Each applicant shall be evaluated on a case-by-case basis. As a rule, the following will apply:
  - a. Prospective volunteers with unclear arrest dispositions, active warrants, detainers, or Orders of Protection that are found through their criminal history check may be excluded from volunteering until such incidents are resolved.

- b. A formerly-incarcerated-person or parolee may be considered for a volunteer assignment in a facility one year following his or her release from incarceration.
  - c. A formerly-incarcerated-person shall not be considered as a volunteer if he or she was prosecuted and found guilty of assault of correctional staff, aggravated harassment of an employee, attempted escape from a correctional facility, promoting or possessing prison contraband, hostage incident or rioting.
  - d. A formerly-incarcerated-person's record of institutional adjustment and, if applicable, adjustment to probation or parole supervision, will be evaluated and considered prior to approval. Disciplinary sanctions similar to behavior actions listed in Section IV-A-5-c, or in addition, being found guilty of behavior such as: assault on inmates, gang-related behavior, mass demonstration or radicalization of other inmates, sexual misconduct, etc., may exclude an individual from consideration.
  - e. During the period after release, the formerly-incarcerated-person shall have demonstrated involvement in community activities related to the area in which he or she wishes to serve as a volunteer. The person will also be required to show a positive adjustment to community life by providing employment history and a recommendation by his or her Probation/Parole Officer, if applicable.  

A review by the SCFVS and the facility DSP will be conducted on all formerly-incarcerated-persons, parolees, probationers, and persons with warrants, detainees, Orders of Protection, and open arrests who apply as volunteers. Final approval will rest with the facility Superintendent. Exception to this policy will be given consideration only when substantial, written justification is submitted to the Superintendent or designee.
6. One-Time Volunteer: Individuals, who provide a service for special one-time activities, including inmate organization events, family day events, sports activities, theatrical performances, graduations, etc., are to be registered as One-Time (One-Time refers to only one time in any NYS DOCCS facility) Volunteers. (See Form #4750B, "Volunteer Registration Process Chart," for requirements.) Form #MFVS3080A, "Application for Volunteer Status-One-Time Volunteer," must be utilized for one-time only volunteers.
  7. Occasional Volunteer: Individuals who provide services periodically (6 times or less per year in a combination of facilities) for Choir/Theatrical Performances, Sports Teams, Resource Fairs, and one-day attendance (8 hours or less) at Religious Events. (See Form #4750B, "Volunteer Registration Process Chart," for requirements.) Approvals for other groups may be obtained by contacting the appropriate RCCV.

- B. Volunteer Groups: Individuals who enter a facility as part of a community group must individually complete the registration process, unless verification is received that the individual has been registered at another DOCCS facility within the past 12 months. In addition, new community groups will be required to complete the "Community Group Registration Form" (Form #MFVS3083; reference Program Services Manual). References, utilizing the "Volunteer Services Program Community Group Reference Form" (Form #MFVS3084; reference Program Services Manual), should be sent to the references provided.
1. All volunteer groups or organizations must have a Key Volunteer or Program Director, who acts as the designated contact and the name of this person will be provided to the SCFVS.
  2. The Key Volunteer or Program Director shall assist staff in the screening and selection of volunteers who will provide services under the organization's auspices by completing a letter of endorsement for each new volunteer. This letter is to be done on the agency's letterhead and should follow the format provided on Form #4750A, "Community Group/Agency Endorsement Letter." The Superintendent or designee shall have final approval for all volunteers.
  3. Any literature or other materials sponsored by the group or organization must be approved in advance by the DSP or designee before distribution to inmates. Material approvals will be subject to a determination of appropriateness. Once the DSP has approved the materials, they should be placed on the gate clearance.
  4. Some community groups celebrate special events with food and beverage, however, in the correctional setting volunteers and staff are prohibited from bringing in food and beverage items. On occasion, the DSP will review and approve a request for a special event (i.e., Kairos Retreat, Residents Encounter Christ (REC), Family Works Graduations) and if approved, items will be ordered from the Statewide menu.
- C. Volunteer Requirements
1. Under normal circumstance, the minimum age for a volunteer is 21.
    - a. Exceptions can be made with special approval from the Superintendent for persons ages 17-20 for special one-time programs, or for participants in internship programs or youth employment programs. With regard to internships, all colleges must provide internship paperwork and description of activities.
    - b. Volunteers who are 17 or 18 years of age must provide written permission from their parent or legal guardian.
    - c. If approved, volunteers under the age of 21 must be under direct supervision of DOCCS staff at all times while inside the facility.
  2. All volunteers providing professional services will require additional screening to ensure that they are certified, licensed, and/or otherwise qualified to provide such services.

3. A volunteer may be turned away from the facility if their manner of dress or appearance causes security or other pertinent concerns. If turned away for one's dress or appearance, this action should be documented for inclusion in the volunteer's file. Regarding grooming, a male volunteer shall not be subject to the same restrictions on hair length or beards as Department employees.
4. Restrictions: During orientation, volunteers must be cautioned regarding the seriousness of personal/emotional involvement with inmates. This will include visiting, corresponding, and accepting phone calls. In order to avoid any misunderstanding, the following guidelines must be strictly observed:
  - a. Volunteers are prohibited from having any sexual contact or engaging in any sexual conduct with an inmate. The New York State Department of Corrections and Community Supervision has a zero tolerance for sexual abuse. It is a crime for any employee to engage in sexual conduct or sexual contact with an inmate. For purposes of Penal Law section 130.05, an employee also includes any person providing direct services to inmates in a State correctional facility pursuant to a contractual arrangement with the Department or, in the case of a volunteer, a written agreement with the Department.

All volunteer applicants will read the most updated version of the Policy on the Prevention of Sexual Abuse of Inmates. All volunteers are to be provided with training and the current Directives #4027A, "Sexual Abuse Prevention and Intervention - Inmate-on-Inmate," and #4028A, "Sexual Abuse Prevention and Intervention - Staff-on-Inmate." All volunteer applicants must acknowledge receipt in writing that they will be held accountable for and act in accordance with the policy and the law. All volunteer applicants must acknowledge that they understand the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents under DOCCS sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

- b. Volunteers are prohibited from corresponding, visiting, or accepting telephone calls from inmates at any DOCCS facility unless they receive permission. If a volunteer wishes to seek approval, the volunteer must submit the request and rationale, in writing, to the Superintendent at the facility where he or she is a volunteer. The Superintendent is authorized to deny such requests. The denial should be sent, in writing, to the volunteer and a copy sent to the Director of Ministerial, Family and Volunteer Services. If the Superintendent supports the request, it should be forwarded to the Director of Ministerial, Family and Volunteer Services for recommendation, after which it will be forwarded to the Deputy Commissioner for Program Services for final determination. Prospective volunteers should be asked to disclose whether or not they have any close friends or family members who are incarcerated within the State correctional system at the time of their application/screening.

- c. Exceptions: Volunteers may accept collect phone calls at their agency/group administrative office if they have prior authorization from the Deputy Commissioner for Program Services and if the organization's policy is to accept collect phone calls from inmates. Volunteers may not accept phone calls at their place of residence. At all times, the nature of the calls must be directly related to areas of service provided by the volunteer agency/group for the Department. The volunteer agency/group authorization must be so noted in the appropriate program description file. Volunteers are to be advised that all inmate telephone conversations are subject to electronic monitoring by Department personnel (see Directive #4423, "Inmate Telephone Calls").
- d. Volunteers are required to notify the SCFVS if they know and/or recognize any inmate incarcerated at any NYS DOCCS facilities.

## V. PROCEDURES

- A. Volunteer Program Development: Prior to a new volunteer program being initiated or changed at any facility, it must have the proper approvals as outlined in the Program Services Manual.
- B. Job Descriptions: A volunteer job description is to be developed before the volunteer begins work. The job description must be developed by the appropriate Staff Supervisor, and should include the following:
  1. A general description of the duties that the volunteer will perform;
  2. Meaningful, appropriate, and measurable work activities;
  3. Location of the activity and frequency;
  4. Name of Staff Supervisor; and
  5. Name of the program's Key Volunteer.

Volunteer job descriptions shall be signed and agreed to by the volunteer and the Staff Supervisor and a signed copy of the job description shall be on file in the Volunteer Services Office. Volunteers may only serve in the job as described in the file description. Any volunteer who wishes to serve in another job must be approved as described above.
- C. Registration Procedures: Depending on the level of volunteer services provided, the volunteer applicant will complete a registration process that may consist of a volunteer application, Standards of Conduct, a Criminal History Check, fingerprinting, references, a screening interview, TB test, and ID card. Refer to the "Volunteer Registration Process Chart" which defines the registration procedures required for the level of volunteer activity.
  1. Application for Volunteer Status
    - a. All volunteer applicants will complete Form #MFVS3080, "Application for Volunteer Status," Part I, "Volunteer Information," and if applicable, Part II, "Criminal History" (see exceptions for government employees with Peace or Police Officer Status on the "Volunteer Registration Process Chart"). Volunteers providing professional services should also attach documentation verifying that they are certified or qualified to do so.

Note: If an applicant indicates that they have charges currently pending, the application process should be suspended until such time as a disposition of the charges is reached.

Section I and II of Form #MFVS3080, along with a copy of the volunteer's Government issued photo identification, should then be scanned into PDF format, attached to an e-mail, and sent to [EIU@DOCCS.NY.GOV](mailto:EIU@DOCCS.NY.GOV). and copied to [VOL@DOCCS.NY.GOV](mailto:VOL@DOCCS.NY.GOV). Only one (1) e-mail and one (1) PDF file should be created per volunteer. The name of the PDF and the subject of the e-mail should be structured using the last name, first name – facility name format (e.g., Doe, John – Sing Sing Correctional Facility).

- b. All volunteer applicants will be required to show a government agency issued ID at the time of application.
  - c. Part III, "Facility Executive Review," of Form #MFVS3080 will be completed by staff and approvals obtained from the Superintendent, DSP, and Deputy Superintendent for Security (DSS) prior to the volunteer beginning their service.
  - d. Part IV, "Acknowledgement of Orientation," of Form #MFVS3080 will be reviewed for completeness, acknowledged, and signed by the volunteer and SCFVS who conducted the volunteer orientation.
2. Screening Interview: Upon receipt of a volunteer application, prospective volunteers who wish to serve on more than an occasional basis will be screened through an interview process by the appropriate Staff Supervisor. The "Report of Interview of Volunteer Applicant" (Form #MFVS3082; reference Program Services Manual) will be used as a guide and will be completed during the interview and a copy shall be placed in the volunteer's file as a reference in approving or disapproving the prospective volunteer's application.
3. Criminal History
- a. A criminal history check will be completed by the Department's Employee Investigation Unit (EIU) on volunteer applicants, including regular on-going, occasional, and one-time volunteers. (See exceptions on the "Volunteer Registration Process Chart.") This process will begin when EIU receives Part I and II of the "Application for Volunteer Status."
  - b. For regular on-going volunteers, fingerprints will be taken by the facility ID Officer. The ID Officer shall verify the identity of the person being fingerprinted, enter all pertinent data following the instructions on the cards, take the prints using the "rolled impression" method in the numbered print blocks and the "plain impression" method in the lower row of blocks, secure the signature of the person being fingerprinted, and then sign as the official taking fingerprints. Two of the following fingerprint cards shall be utilized:

- (1) DCJS-4, "Non-Criminal" fingerprint card utilizing the Central Office ORI Box 20, "Contributor," should read:

700168R  
N.Y.S. DOCCS  
Personnel Office  
Albany, NY 12226-2050

The completed fingerprint cards will then be forwarded to the EIU for processing. If fingerprints are rejected for any reason the SCFVS will be notified.

- c. Applicants for regular ongoing status with derogatory information reported on the EIU Criminal History Check must wait for the return of their fingerprint report and Superintendent's approval before beginning their volunteer service. Those persons with no derogatory information may begin their volunteer assignment before their fingerprint report is returned.

One-time and occasional applicants with derogatory information will not require fingerprints. EIU checks must be updated on an annual basis.

Note: If the criminal history and/or fingerprint reports show a discrepancy in what the volunteer has disclosed, this may result in the volunteer's non-approval, suspension, and/or termination.

- d. EIU must receive the completed fingerprint card within 30 days of conducting a Criminal History Check. If the fingerprint card is not received within this timeframe, EIU will notify the Director of Ministerial, Family and Volunteer Services on a monthly basis and volunteer assignments will be suspended until the fingerprint card is received.

#### 4. Health Services Screening/Vaccinations

- a. TB Testing: Facilities must strictly adhere to the Department's Division of Health Services' guidelines for TB testing for volunteers, as follows:
  - (1) Any volunteer who will be in any one facility once per month or more, and/or have 8 hours or more of continuous inmate/staff contact, must be skin tested.
  - (2) Any volunteer who wishes to be skin tested may be tested.
  - (3) Arrangements for skin testing of volunteers will be made through the facility medical department and/or the facility Volunteer Services Contact Person.
  - (4) Volunteers may be tested by their own physicians, if they desire, just as employees may, according to Directive #4322, "Tuberculosis Control Program."
- b. Hepatitis B Vaccine: Anyone who would have reasonable likelihood of exposure to blood or body fluids would be eligible for the vaccine. All persons receiving the vaccine must have training for Bloodborne Pathogens through the facility where they are volunteering before starting the vaccine series of three injections.

5. All volunteer gate clearances should be submitted in a timely manner to allow sufficient time for the DSP or the VSCP to verify that the individuals are properly registered volunteers.
6. Emergency contact information for each volunteer shall be kept on file in the Watch Commander's Office.

D. Volunteer Orientation

1. If approved, the regular on-going volunteer will be scheduled to attend a volunteer orientation, conducted by the facility SCFVS and a member of the security staff. This orientation should cover the volunteer Standards of Conduct, applicable policies, benefits for volunteers, security issues, health-related issues, and facility-specific information, prior to the beginning of the volunteer activity. For occasional, one-time, or government agency volunteers who have Peace or Police Officer status, the orientation will be appropriate to the level of services provided. Facilities will ensure that all regular on-going volunteers participate in a refresher orientation every 24 months.

E. Training

1. Job-specific training for the volunteer activity will be given by the volunteer's Staff Supervisor and may or may not include a tour of the facility grounds.
2. Volunteers will be required to attend periodic in-service training consistent with their level of inmate contact. Those identified by the SCFVS as providing services more than 9 hours per week will be required to attend trainings offered by the Department. Specific training requirements will be determined by the Director of Ministerial, Family and Volunteer Services after consultation with the Director of the Training Academy. Please see Form #4750D, "Required Training for Various Categories of Volunteers."
3. All non-Departmental and contracted employees that are assigned to work within DOCCS facilities must adhere to the guidelines outlined in the NYS DOCCS Training Manual Subject 7.150. This policy requires that contracted volunteers complete a standardized 16 hour orientation prior to beginning their service. This orientation is in addition to the volunteer orientation provided by the SCFVS.

## VI. PROGRAM MONITORING AND EVALUATION

- A. Supervising, monitoring, evaluating, and reporting on volunteers and volunteer programs is a joint effort among Staff Supervisors, the facility VSCPS, and the SCFVS, with oversight provided by the DSP and the RCCV.
1. The DSP, with final approval of the Superintendent, will determine the Staff Supervisor for a program.
  2. Annual volunteer reviews are the responsibility of the Staff Supervisor. The Volunteer Feedback and Assessment form is to be utilized for this review.

3. Program Proposals will be sent to the appropriate Central Office Division Director, by the Superintendent or designee, for each new program. A current program approval binder that includes up-to-date Program Proposals, a current list of volunteers, and the names of the Key Volunteers and Staff Supervisors will be kept at each facility by the DSP. The SCFVS will assist the DSP in maintaining this binder.
  4. Annual Program Evaluations using the "Volunteer Services Program Evaluation," (Form #MFVS3085, reference Program Services Manual), will be completed by the facility SCFVS with copies sent to the facility DSP and RCCV.
- B. Staff must be aware of their responsibility to supervise volunteers and the programs that are assigned/accepted in their area and that they must provide the facility Office of Volunteer Services with statistical data on volunteers involved in the program/service.
  - C. The decision regarding which facility staff person will have responsibility for supervising a volunteer or volunteer program rests with the facility Superintendent or designee.
  - D. During periods of facility emergencies, volunteer activity may be suspended or limited. It will be the responsibility of the DSP to ensure that volunteers are notified in a timely manner of any change in the program schedule to avoid any unnecessary travel of the volunteers.
  - E. The annual review of volunteers is the responsibility of the Staff Supervisor and a copy of all reviews should be included in the volunteer's file. The primary goal of the review is to receive feedback from the volunteer on any changes that may be needed to improve the program, to discuss any concerns with the volunteer, and to show support of their program and its goals. The Volunteer Feedback and Assessment form is to be utilized for this purpose.
  - F. To ensure that Volunteer Services programs meet the needs of the inmates and facilities, each Program will be evaluated on an annual basis by the facility SCFVS, utilizing the "Volunteer Services Program Evaluation" (Form #MFVS3085). A copy of this evaluation should be made available to the facility DSP and to the RCCV.
- VII. STATUS OF VOLUNTEERS:** Volunteers should be made to feel that they are a part of the facility staff and should be treated with courtesy and respect. Any allegations of the mistreatment of volunteers should be reported immediately through the appropriate channels. Staff encouragement and acceptance of volunteers will help to keep the volunteers motivated, productive, and will nurture a teamwork mentality. Vital to any volunteer program is the recognition of the contribution, achievements, and the status of the volunteer as a quasi staff person.

As set forth in Section IV, above, the Department recognizes and registers different types of volunteers. A volunteer who provides service to the Department without receiving compensation from any source is, by law, entitled to the benefits set forth in Sections A-1 and A-2 below. All volunteers are treated the same with respect to Section A-3. Those registered as volunteers who receive compensation for their service from some source should direct inquiries regarding Workers' Compensation Law benefits to the Workers' Compensation Board, Bureau of Compliance, and inquiries concerning defense and indemnification to the Office of the Attorney General.

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A. Insurance Coverage/Indemnification

1. Workers' Compensation for Volunteers

- a. All volunteers who are registered, oriented, screened for TB, and approved as a volunteer by the facility Superintendent are covered for injuries related to their volunteer work by Workers' Compensation Benefits. Staff supervising volunteers must report injuries to volunteers in accordance with Directive #4065, "Reporting Injuries and Occupational Illnesses," and Directive #2208B, "Workers' Compensation Benefits (Non-Uniformed Employees)."
- b. It should be noted that a volunteer who has been fully registered and approved is eligible for Workers' Compensation, whether the service is performed in the community or in a correctional facility. Contract volunteers who receive an hourly rate for their work will be covered by the contract agency. The job description must indicate area of service.

2. Indemnification Coverage for Volunteers

- a. Corrections and Community Supervision volunteers have been afforded protection from financial loss arising out of a civil action.
- b. The law provides that the State would save harmless and indemnify volunteers of the Department from financial loss arising out of a judgment in any civil action by reason of a claim of alleged negligence or other act of such person participating in a volunteer services program, provided that the damages were sustained while such person was acting in the discharge of his or her duties and within the scope of such duties, and the claim did not result from the willful and wrongful act or gross negligence of such person.
- c. The law applies to volunteers authorized to participate in a Volunteer Services Program, provided such volunteer gives notice of such claim upon himself/herself within five days of service of such claim upon himself/herself (Section 17 of the Public Officers Law). Individuals who have insurance policies that would cover them for claims arising pursuant to the volunteer programs must first use such policies before the State will defend and/or indemnify them.

3. Diversity Management: All volunteers who are registered and approved are afforded equal opportunity protection in accordance with Directive #2601, "Equal Employment Opportunity & Affirmative Action Program," based on NYS Executive Order No. 6.

B. Volunteer and Staff Supervisor Recognition: Certificates of Appreciation will be awarded to volunteers at an annual recognition ceremony, or at some other suitable occasion. Volunteer Staff Supervisors will also be recognized because their work with volunteers often exceeds their normal full-time duties. Employee evaluations shall reflect this extra effort.

- C. Meals: Volunteers who provide service in a facility and whose volunteer assignment extends over an established meal period or is a minimum of 4 hours of continuous service may be furnished a meal from the facility Mess Hall. The free meal shall be the same as that provided to the inmate population. Volunteers, with permission from the Superintendent or designee, may be allowed to bring food (i.e., dietary needs/restrictions) for their own consumption.

## VIII. VOLUNTEER MISCONDUCT

- A. During volunteer orientation, volunteers must be informed that a formal suspension/dismissal procedure exists and what constitutes grounds for suspension and/or dismissal. Grounds for suspension/dismissal of volunteers are usually based on a violation of volunteer Standards of Conduct and the nature of such a violation.

For other instances of misconduct, volunteers will receive counseling by the SCFVS. This counseling session/meeting will be documented by the SCFVS, signed by all parties present, and a copy placed in the volunteer's file. This documentation should include all pertinent information regarding the matter, and should also include information relative to the outcome of the meeting. A copy of this information shall be forwarded to the appropriate RCCV.

If suspension/dismissal is necessary, the process to be used is set forth below. It is mandatory that proper documentation be available if dismissal is contemplated.

- B. Procedure for Suspension/Dismissal
1. Should anyone have a sound reason to question a volunteer's actions, the witnessing party shall report, in writing, all relevant information to the facility SCFVS. A written report will be prepared by the SCFVS and submitted to the facility Superintendent or designee for review and action. Such action may consist of limiting, postponing, or suspending the services of the volunteer. The SCFVS will be consulted during this review.
  2. A determination may be made by the facility Superintendent and/or the Director of Ministerial, Family and Volunteer Services to consult and/or include the Department's Office of Special Investigations depending on the nature of the violation.
  3. A volunteer who has been suspended must be notified in writing by the facility Superintendent within 5 days. This letter must inform the volunteer of the allegations, the date of the temporary suspension, and that volunteer activity in all facilities has been suspended pending an investigation. If the volunteer is scheduled to volunteer during the week of the suspension, the SCFVS must call the volunteer to notify them of the suspension, so as to avoid the volunteer arriving at the facility.
  4. A copy of the suspension letter, as well as documentation regarding the violation, and a copy of the volunteer's file will be forwarded to the appropriate RCCV who will review the contents for completeness and will then review the case with the Assistant Director of Family and Volunteer Services.

5. The RCCV will discuss the case with the facility Superintendent, who must approve of the final disposition. If there is not a consensus on the final disposition, the Superintendent will consult with the Supervising Superintendent and the Director of Ministerial, Family and Volunteer Services.
6. If the severity of the volunteer's violation warrants Statewide termination, the RCCV will recommend to the Assistant Director that the volunteer's activity in all DOCCS facilities be terminated. Final decision rests with the Deputy Commissioner for Program Services.
7. The volunteer must receive written notification of the decision directly from the RCCV. Copies of all relevant paperwork must be forwarded to the Office of Ministerial, Family and Volunteer Services in Albany.
8. The letter must state that the volunteer may appeal, in writing, to the Deputy Commissioner for Program Services within 30 days of receipt of the letter. The Deputy Commissioner for Program Services will then issue a final determination to the volunteer within 30 days of receipt of the appeal.

**IX. VOLUNTEER STANDARDS OF CONDUCT AND APPLICABLE POLICIES:** Volunteer Standards of Conduct are subject to change by the Deputy Commissioner for Program Services. It will be the facility's responsibility to ensure that all active volunteers have been oriented to the new standards, and to help ensure that they are followed.

- A. Standards of Conduct and Applicable Policies: The "Standards of Conduct for Volunteers" and applicable policies will be used by all facilities. Standards guidelines, and policies must be given as part of the orientation of all volunteers and will be presented by staff in a positive manner. All standards should be explained and clarified so that the volunteer will understand what constitutes good security practices relative to contraband and appropriate type of behavior.
- B. Documentation: The volunteer will acknowledge, in writing, that he or she has in fact been presented with the following standards and policies, understands them, and intends to comply. Written documentation that the volunteer has received the most current copy must be maintained in the volunteer's file.
  1. Standards of Conduct for Volunteers
  2. Policy on the Prevention of Sexual Abuse of Inmates and copies of Directives #4027A and #4028A
  3. Policy Statement on Sexual Harassment in the Workplace
  4. Non-discrimination in Employment Based on Sexual Orientation and Gender Identity
  5. Writing Letters of Recommendation for Inmates
  6. Language Access
  7. Suicide Prevention Memorandum

**New York State Department of Corrections and Community Supervision**  
**RFA 2018-02, Visitor Hospitality Centers**  
**Application Instructions**

**Introduction:** The associated RFA 2018-02 is now posted on the NYS Contract Reporter and the Grants Gateway. To complete the application, eligible grantees must register on the Gateway application: [NYS Grants Gateway Registration](#)

For providers already registered on the Gateway, please search for the following opportunity to access the application for the RFA 2018-02: DOC01-CBRP18-2018 on the Gateway.

**Application:** Access the above-cited opportunity, review the entire application, and download the associated documents. The RFA 2018-02 and the other documents available will serve as a reference for the application process.

1. Be familiar with the Pass/Fail responses that are provided in the RFA.
2. All applicants should enter responses in the *Program-Specific Questions* module.
3. For each question, enter the requested information in the Response field, and upload any requested documents.
4. Read questions carefully: Some of the questions require the applicant to access the *Pre-Submission Uploads* page, download documents posted by DOCCS, complete and sign documents that have been downloaded, and upload the completed documents.
5. Important: Some documents are requested on *Pre-Submission Uploads* page or in the *Program-Specific Questions*. Applicants are responsible for checking both locations for the necessary uploads.
6. For the financial requirements, see Attachment B of the RFA 2018-02. Applicants must upload the required documents:
  - a. For Form E-1, *Indirect Cost Sheet*, a sample is provided in the *Pre-Submission Uploads* page and in RFA 2018-02, Attachment E, and applicants can access the Excel version on the *Pre-Submission Uploads* page. To complete the spreadsheet select enable editing on the banner.
  - b. For Attachment B-1, *Expenditure Budget*, complete the narrative justification for each line.

7. For-Profit providers must be registered in the Grants Gateway application and provide all of the requisite documents including the *Procurement Lobbying Certification* (Pre-Submission Uploads).
8. Applicants can submit questions pertaining to this Grant Opportunity by emailing [linda.mitchell@doccs.ny.gov](mailto:linda.mitchell@doccs.ny.gov) or [frank.arpey@doccs.ny.gov](mailto:frank.arpey@doccs.ny.gov). Please include RFA 2018-02 in the subject line of the email.
  - The designated contact for this procurement is Linda Mitchell and the alternate contact is Frank Arpey.
9. Note the following important information:
  - All questions must be submitted by in writing via e-mail.
  - Answers to all questions will be will be available on the NYS Contract Reporter and on the DOCCS' Web site in the following location: DOCCS' Procurement Opportunities.
  - Applications must be completed on the Grants Gateway by **4:00 PM on FRIDAY, APRIL 6, 2018.**
  - Tentative award announcements will be made on or before FRIDAY, JUNE 1, 2018.

The following instructions are from the NYS Grants Gateway:

# Starting a Grant Application

## 1 Prerequisites

- 1.1 **Registration:** All entities that wish to apply for grants in NY State must be registered in the Grants Gateway. This process includes filling out and mailing a signed and notarized registration form. Your organization will not be able to start a grant application until it has an account with the Grants Gateway. If your organization does not yet have an SFS (Statewide Financial System) Vendor ID number, the registration process will take an extra 2-3 business days to be processed.

Related Links:

- 1.1.1 [Registration Form](#)
- 1.1.2 [Video: Grants Gateway Registration](#)
- 1.1.3 [Grants Gateway Registration](#)

- 1.2 **Prequalification:** All non-profit organizations applying for grants in NY State must be prequalified in the Grants Gateway prior to the grant application due date and time.

**NOTES:**

Governmental entities and for-profit organizations are not required to be prequalified.

You may work on your prequalification and grant applications simultaneously; you don't have to wait for prequalification to start an application.

Related Links:

- 1.2.1 [Vendor Prequalification Manual](#)
- 1.2.2 [Maintaining Prequalification document](#)
- 1.2.3 [Video: Grants Gateway Prequalification](#)

1.3 **System Roles:** You must be logged in under the right role in order to begin a grant application. The role of *Grantee Delegated Administrator* **cannot** start a grant application. However, this user can create accounts for roles that can start applications.

1.3.1 **Grantee:** This role can start, edit, and save a grant application, but can't submit the application.

1.3.2 **Grantee Contract Signatory:** This role can start, edit, save, and submit (sign) a grant application.

1.3.3 **Grantee System Administrator:** This role has the same rights as the Grantee Contract Signatory.

1.3.4 The **Grantee Delegated Administrator** can add a new account by following these steps:

- 1) Click on **Organization(s)**
- 2) Click on **Organization Members**
- 3) Click on **Add Member**
- 4) Click on **New Member**
- 5) Fill out the required fields on the blank New Member page and select the appropriate role.
- 6) Click **[SAVE AND ADD TO ORGANIZATION]** when complete.

Refer to the section starting on page 15 of the [Grantee User Guide](#) for detailed instructions.

## 2 Search for the Grant Opportunity

2.1 Log in to the Grants Gateway system in either one of the following roles

- Grantee
- Grantee Contract Signatory
- Grantee System Administrator

2.2 On your home page there is a section called “View Available Opportunities”. Click on the [VIEW OPPORTUNITIES] button.

### View Available Opportunities

You have Opportunities available.  
Select the **View Opportunities** button below to see what is available to your organization.

**VIEW OPPORTUNITIES**

- 2.3 Search for the grant by using some of the search fields. You can select the agency's name or type in a key word in the Grant Opportunity Name field

### Opportunities

Search by Grant Opportunity Name

Search by Due Date From:  To:

Search by Eligibility

Search by Funding Agency

- 2.4 The results will appear below the search box. Click on the link to the Grant Opportunity you wish to apply for; this will bring you to the Opportunity Funding Profile page.
- 2.5 Begin your application by clicking on the [APPLY FOR GRANT OPPORTUNITY] button.

**APPLY FOR GRANT OPPORTUNITY**

## 3 Work through the Forms Menu

Everything that is required of you will be found in the “Forms Menu” of the application. The Forms Menu includes several pages of forms and documents that you must complete and save. This includes your project address, questions to be answered (Program Specific Questions), your budget, a work plan, and attachments (Pre-Submission Uploads).

## 4 Finding an Application You've Already Started

If you've started an application and have logged out of the system, the next time you log in, the application will be found in your “My Tasks” section on the home page. You can also use the “Applications” search function at the top of the page to search for all applications started for your organization.

### My Tasks

You have 5 new tasks.  
You have 0 tasks that are critical.  
Select the **Open Tasks** button below to view your active tasks.

## 5 Submitting Your Application

All grant applications have a due date and time. The Grants Gateway will not accept applications after the specific time applications are due. You are strongly encouraged to submit your application 24 or 48 hours in advance of the designated deadline to ensure that any problems you encounter are handled before the deadline.

- 5.1 Log in to the Grants Gateway system in either one of the following roles
  - Grantee Contract Signatory
  - Grantee System Administrator
- 5.2 Locate (search for) and access the application
- 5.3 Review the application: You can go through each section in the Forms Menu and/or you can click on the “Print Application” option which will show you all of your text-based answers (it will not show you the attachments you have added).
- 5.4 Submit the application
  - 5.4.1 Click on Status Changes and apply the status of **Application Submitted**.
- 5.5 Confirm that the application was submitted: You will receive an email a few minutes after submission, confirming that the application was submitted; your task will go away (as it is now a task for the state agency); the status of the application will change to “Assignment of Reviewers”.

**ENCOURAGING USE OF NEW YORK STATE BUSINESSES IN CONTRACT PERFORMANCE  
RFA 2018-02 -- Visitor Hospitality Centers**

New York State businesses have a substantial presence in State Contracts and strongly contribute to the economies of the state and the nation. In recognition of their economic activity and leadership in doing business in New York State, Bidders for this contract for commodities, services or technology are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the Contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles.

Bidders need to be aware that all authorized users of this Contract will be strongly encouraged, to the maximum extent practical and consistent with legal requirements, to use responsible and responsive New York State businesses in purchasing commodities that are of equal quality and functionality and in utilizing services and technology. Furthermore, Bidders are reminded that they must continue to utilize small, minority and women-owned businesses, consistent with current State law.

Utilizing New York State businesses in State Contracts will help create more private sector jobs, rebuild New York's infrastructure, and maximize economic activity to the mutual benefit of the Contractor and its New York State business partners. New York State businesses will promote the Contractor's optimal performance under the Contract, thereby fully benefiting the public sector programs that are supported by associated procurements.

Public procurements can drive and improve the State's economic engine through promotion of the use of New York businesses by its Contractors. The State therefore expects Bidders to provide maximum assistance to New York businesses in their use of the Contract. The potential participation by all kinds of New York businesses will deliver great value to the State and its taxpayers.

Bidders can demonstrate their commitment to the use of New York State businesses by responding to the question below:

**Will New York State Businesses be used in the performance of this Contract?**

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

\_\_\_\_\_ **No**

**If yes, identify New York State Business(es) that will be used; (attach identifying information).**